# APHORISMS

ON THE

# TREATMENT

AND

# MANAGEMENT OF THE INSANE;

WITH

# CONSIDERATIONS

ON

# PUBLIC AND PRIVATE LUNATIC ASYLUMS,

POINTING OUT THE ERRORS IN THE PRESENT SYSTEM.

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TO DR. HUME,

INSPECTOR GENERAL OF ARMY HOSPITALS.

&c. &c. &c.

THIS WORK

IS INSCRIBED AS A FEEBLE TESTIMONY OF

SINCERE ESTEEM.

# INTRODUCTION.

Numerous works have been written on mental diseases, yet are they rarely read, excepting by those medical men who are more particularly engaged in the treatment of these affections, and unfortunately even by them with very little advantage. Several of these publications are only remarkable for their authors' ingenuity in metaphysical disquisitions and inquiries into the *causation* of *causes*, wandering through the intricate mazes of an interminable labyrinth, to *materialise* the *mind*. Other treatises are merely verbose prospectuses of private establishments, and contain an *ad captandum* collection of cures. Fortunately for mankind, there are works of a much higher grade, in which the authors have conferred everlasting benefits on society. Such must be considered the labours of Haslam,

Arnold, Pritchard, in this country, and Pinel and Esquirol, Hoffbauer, Heinroth on the continent; in which we find the most valuable *practical* information, both as regards the moral and the physical management of the insane.

While it is thus difficult for the medical student to obtain satisfactory written information on mental alienation, he can learn but little from oral precepts, since in the lectures on the practice of medicine, which he attends in our several universities, these diseases are but slightly dwelt on, and in his clinical pursuits he has no opportunity of *walking* lunatic asylums. Thus are the junior members of the medical profession engaged in practice, with scarce any knowledge of the nature of insanity, or the treatment of the insane; while their constant occupations, which barely leave them leisure for such indispensable reading as is required to keep them on a level with the progress of the science, prevent them from studying a disease which they are seldom called upon to attend, and is considered as the special province of those practitioners whom the public dignify by the appellation of "*Mad Doctors;*" and, even amongst these privileged

persons, the treatment of mental disease appears to be grounded on certain dogmatic principles; bleeding, blistering, purging, vomiting, and head-shaving, being considered immutable remedial agents, aided by the strait waistcoat, the sleeve, the muff, the handcuff, or the leg-lock, with an occasional plunge in cold water, or a shower-bath, when the patient is unruly, and sane enough to consider himself most barbarously ill used. With this view of the subject, we find that in certain lunatic institutions the unfortunate inmates are bled in the month of June, and are prescribed an emetic "all round" every quarter. The science of "mad doctors" seems to consist in the art of obtaining as many patients as they can in private asylums, and to keep them as long as possible. In public establishments, where numbers do not yield any profit, the unfortunate incurable Toms o' Bedlam are discharged upon the world to commit murder or arson, or amuse the rabble, until elsewhere provided for, in this world or the next. Of those who perish in these *Bastilles* so little notice is taken, that in a late investigation of one of our most renowned asylums, it appeared that only 221 cases of death had been reported, whereas 364

patients had been relieved by death, in their *oubliettes.* It was on this occasion that a medical gentleman deposed, "that when a patient disappeared and was never more heard of, he was said to have been *removed*, and that when a patient was *killed*, the body was hurried away to prevent a coroner's inquest!!!" In fact, the horrors recorded of the Spanish inquisition were tender mercies compared to the diabolical crimes perpetrated in mad-houses. In an *auto da fé*, the victim was consumed at once in a blaze—in a lunatic's cell he is consumed by a slow fire.

Since these abominations were made known in 1815, no doubt the condition of the unfortunate lunatics has in some degree been ameliorated, inasmuch as these atrocities are only resorted to by stealth, and with some degree of apprehension, where detection is probable; but as, in the present state of lunatic asylums, their detection is not easily obtained, hundreds of unfortunates at this very hour are immured in their dismal prisons, condemned to a moral death in lingering agonies. The criminal, the debtor, the sick, are all protected from oppression. The insane alone, who dares not complain, and whose complaints are

considered the ravings of a demented poor creature, has no protection. Prisons are inspected, and placed under a salutary surveillance; the madhouse is only visited as a matter of form, and not unfrequently with apprehension of personal danger!

I am well aware that my proposal to place these establishments, whether public or private, under the immediate control of government, and submit them to the *surveillance* of responsible officers, will be considered an infringement of rights, of privileges, of *patronage.*

> The momentary grace of mortal men,
> Which we more hunt for than the grace of God!

That any attempt to rescue the lunatic from misery will be called *centralisation.* Nay, if another Howard presumed to visit these abodes of wretchedness and forgotten beings, he would be considered a meddling busy-body. Such is the thirst for power, that those who hold it, 'bid'

> "The law make courts'y to their will,"

and rather than surrender it into wiser hands, render themselves criminal by their incapacity, and unwillingly, and no doubt (it is to be hoped)

unwittingly, become the accomplices of guilt. On this subject I cannot better express myself than by quoting the following passage from a most intelligent and experienced writer, Dr. Brown.*

"No arraignment is made of the *intentions* of the curators of the insane, but I do arraign the whole *system* of error which they have sanctioned. I call for a verdict of guilty, and a sentence of total subversion, on the pernicious absurdities which continue to be practised in their name and authority. Were men of enlightened minds, liberal education, and kind disposition, alone appointed or permitted to attend the insane, these abuses would disappear. To accomplish this, it would become necessary that all asylums should be public, and under the *control of government.* The great object of such a change would be, that all the privileges of those immediately entrusted with the insane should be patent to the public, and to legal authorities, and under the management of a body whose sympathies are all engaged in favour of the patient, rather than of his attendents."

* Lectures delivered before the managers of the Montrose lunatic asylum. Ed. 1837.

It was while pondering over the heavy volumes written on insanity, and the various legal enactments for the protection of the insane, in various countries and codes, that I was struck with the conviction, that an epitome of these verbose labours, concise and portable, might be a *desideratum* with the junior members of the medical profession. Under this impression, in an aphoristic form, I have submitted to the public the following pages, in which I have compiled the most important points of what has been written on the subject, to which I have added the result of my own observations during several years' residence amongst the insane. Part of this experience has been dearly and bitterly purchased, when subjected to insult and persecution, which can only be paralleled by that experienced by my lamented predecessor;* and as experience thus obtained is proverbially considered valuable, I humbly indulge the hope, that this work may prove useful not only to the profession, but to those persons who may be directly or indi-

* The late Sir W. Ellis, who, like me, was compelled to resign the situation of medical superintendent of the Hanwell Asylum.

rectly concerned in the management of the insane. I shall feel myself most amply rewarded for all my past labour and sufferings, if any of my suggestions can tend to meliorate the condition of the many helpless and unprotected victims of patronage and speculation, who might well address the curious visiter in the words of Martyn :

> How shall I bid thee welcome to a place
> Where joy yet never entered ?—to a place
> Where horrors only reign ! groans are our music,
> And sorrows our companions.

I am well aware that my suggestions for the melioration of the lunatic's condition will be opposed in various quarters. I trust that this opposition will, in the ratio of its virulence, convince the public of their necessity. With their approbation, I then may scorn hostility, and exclaim with Lear—

> The little dogs, and all,
> Tray, Blanch, and Sweetheart, see, they bark at me.

*2, St. John's Wood Road,*
*Regent's Park, December* 1839.

THE annexed plan for a Pauper Lunatic Asylum has been drawn in conformity with my preceding suggestions. The detached buildings are all connected in their front by an arcade, under which the patients can take exercise in bad weather—a shelter which is the more desirable, since they cannot have a change of clothes when wet. The rear of each building opens on a garden planted with shady trees, under which the patient can rest: under the arcade runs an area, with passages for the service of the establishment: at the extremity of each passage is a room for receiving the provisions from the kitchen, cutting them up, and forwarding them for distribution to the several wards, which will be kept much cleaner by this arrangement. In this basement will also be the coal cellars, various store-rooms, the dead-house and the coffin store,—the exposure of which invariably proves an unpleasant object to the many melancholic inmates which such an institution must contain.

A continuation of the arcade connects the dwelling of the medical officers with the infirmary. The clerks' offices are attached to the steward's quarter, and stores for extra comfort, materials for needle-work, &c. &c., to those of the matrons.

The convalescents, who would mostly be employed in the various labours of the institution, are lodged near their workshops, the kitchen, laundry, kitchen garden, &c. To avoid smoke and dirt, the smith's shop, gas-house, engine-house, &c., are placed in the extreme rear of the building, with a back road leading to them.

To avoid intermixture amongst the patients, each building will have a visiting room attached to the day room, for the reception of visitors on certain days.

The centre gate, with a porter's lodge on one side, and a receiving office on the other, is destined for the general service of the establishment; to be closed at certain hours, and the key given to the steward. The lateral entrances are for the service of the officers of the establishment.

As much inconvenience arises from the officers' dinner being cooked in the common kitchen, a kitchen should be attached to each of their houses: as, from the nature of such institutions, their officers can rarely absent themselves, every arrangement that can make their home comfortable should be adopted. Nothing could be more absurd and injurious to the welfare of such an establishment than their officers being made to dine in common with each other; and so far from forwarding harmony amongst them, such a mistaken arrangement would infallibly produce incessant discord.

An asylum constructed according to this plan, instead of bearing the appearance of a prison, a barrack, or an hospital, would present the view of an enclosed village and its cheerful surrounding gardens. The detached buildings would only consist of a ground and first floor, and their windows, instead of being barred and grated, would be equally secure with iron work in the cottage style.

N.B.—The right wing is for the male patients, the left for the female. The committee room, which has been omitted in the plan, might be in the rear of the chapel; the ice-house in the gardens of the infirmaries.

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Page 4, line 24, *for* peculiar *read* physical.
22, — 1, *for* whig *read* wig.
22, — 5, *for* whig *read* wig.
22, — 26, *for* insulation *read* insolation.
47, — 27, *for* necrologic *read* necroscopic.
58, — 10, *for* labiæ *read* labia.
84, — 24, *for* to *read* for.
93, — 14, *for* disorders in *read* disorders of.
105, — 30, *for* foible *read foibles*.
107, — 7, *for* patent *read* patient.
115, — 8, *for* labiæ *read* labia.

# APHORISMS ON INSANITY.

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## BOOK FIRST.

### *On Insanity in general.*

1. Every morbid state that influences our reflective, observant, and imaginative faculties, disables an individual from conducting the process of reasoning, or the sound and healthy exercise of his mental attributes, constitutes insanity.*

* Locke has defined madness in the following terms:—

"Madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very wrongly, they mistake them for truths, and they err, as men do that argue right from wrong principles."

Cullen describes the disease to be, "in a person awake, a false or mistaken judgment of those relations of things which, as occurring most frequently in life, are those about

2. A precise definition of madness cannot be attempted, as its degrees and intensity depend

which the generality of men form the same judgment, and particularly when the judgment is very different from what the person himself had before usually formed. There is generally some false perception of external objects, and that such false perception necessarily occasions a *delirium*, or *erroneous judgment*, which is to be considered as the disease."

It is evident, as Dr. Pritchard very justly observes, "that these definitions merely apply to *melancholia* and *monomania*, or *partial insanity*:" these phenomena are very different from those of *mania* or raving madness, in which the mind is totally deranged, and in incoherence or *dementia*, in which the condition of the faculties is such as to preclude the possibility of any mental effort or voluntary direction of thought.

The best division of insanity is, no doubt, that of Heinroth, which is as follows :—

*First kind of mental disorder. Disorder of the moral disposition.*

First form. *Exaltation, or excessive intensity.*—Undue vehemence of feeling, morbid violence of passion and emotions.

Second form. *Depression.*—Simple melancholy, dejection, without illusion of the understanding.

*Second kind of mental disorders, affecting the understanding, or the intellectual faculties.*

First form. *Exaltation.*—Undue intensity of the imagination, producing mental illusions.

To this head belong all the varieties of monomania.

upon the extent to which the mental faculties have been perverted from their normal condition.

3. It is difficult, if not impossible, to arrive at a conclusion regarding the causes of insanity, so far as to lead to a decision, whether they can be traced to moral or physical primitive agency, acting upon the moral disposition, the understanding, or the voluntary powers of propensities or will.

Second form. *Depression.*—Feebleness of conception; of ideas. Imbecility of the understanding.

*Third kind of mental disorders, comprises, disorders of the voluntary power, or of propensities, or of will.*

First form. *Exaltation.*—Violence of will and propensities.

*Tollheit* or Madness without lesion of the understanding.

Second form. *Depression.*—Incapacity of willing, moral imbecility.

No classification could be more distinct theoretically; but, in a practical point of view, no correct definition can be attempted, as mental derangements undergo so many modifications.

However, to study this nosological classification requires much observation and experience: to the student the most simple classification is the following.

1. *Mania*, or raving madness.
2. *Monomania*, or partial insanity.
3. *Dementia*, or incoherence.
4. *Amentia*, or imbecility.

4. Either moral or physical symptoms may appear to predominate, yet are they not sufficiently evident to come to a conclusion as regards the morbid action that developed them.

5. Experience tends to show, that the first causes of insanity may be traced more frequently, to mental agency reacting upon the physical functions, until symptoms of a preponderance of the physical phenomena prevail. Thus a sudden moral impression of a violent and intense nature will produce a rapid deviation of the mind from its normal course—when physical phenomena, such as the hair turning white in the course of a few hours—the liver becoming diseased—the cerebral organ engorged and inflamed; will be developed with a rapidity scarcely credible.

6. The causes of insanity may be considered *general* or *local*, *physical* or *moral*, *predisposing* or *exciting*.

7. The mind is influenced by *climate*, *seasons*, *age*, *sex*, *temperament*, *profession*, *mode of living*, and is modified in its manifestations by *legislation*, *civilisation*, *customs*, and the *moral and peculiar condition of nations*.

8. Warm climates do not expose to this malady more than northern latitudes; on the contrary, it generally prevails in temperate zones,

subject to sudden vicissitudes of atmospheric constitution.

9. Attacks of mania are more frequent in spring and summer, and are then acute in their character, and, unless their cure is promptly obtained, only yield in the winter. Monomania is critical in the spring of the year; summer is most favourable for the treatment of dementia, and cures obtained at this season may be considered more permanent. When relapses occur at the same period as the first invasion, the case will prove obstinate—relapses are more frequent in spring and in summer than in the winter. In intermittent insanity the attacks are usually regular as to season. Lunar phases evidently influence epileptic lunatics, but do not appear to act upon cases of dementia or mania. When the insane appear to be excited by the moon and the solar refulgence, the circumstance most probably may be attributed to the stimulus of their bright and dazzling beams: in monomania and melancholia connected with religion or with love, the moon seems to act by an association of ideas favourable to the gloomy mood of the sufferer, but not by any specific influence. We have no sufficient evidence of insanity being epidemic, to conclude that a peculiar condition of the atmosphere is more likely to affect the

mind at one period than at another, under similar circumstances. The apparent contagion, or rather the sympathetic spread of insanity, is of a moral nature, and chiefly connected with fear.*

10. Insanity is of very rare occurrence in childhood, though idiotism and imbecility are frequent: these affections are generally congenital, and arise from original mal-conformation. Many of such children are deaf and dumb. The delicate texture of the encephalon in children, and the transitory character of their impressions, are perhaps the reasons why insanity is of rare occurrence. Cerebral affections at that age, whether idiopathic or sympathetic, bring on convulsions, delirium, hydrocephalus, and death, if not promptly relieved. It is towards the evolution of puberty, and the approach of the catamenia, that insanity is developed; a rapid growth is frequently an attendant on the malady. In youth, mania and monomania are more frequently observed, than any other form of insanity. Monomania appears to prevail towards the middle

* There is, however, no doubt, that certain seasons operate in an evident manner both on mind and body. It has been observed that some years are remarkable for the greater number of births of male or female children; other years have been attended with a greater number of miscarriages—a fact observed by Plutarch.

of life, while dementia threatens advanced age. During youth, derangement of the mind assumes a more acute character, and is brought with greater facility to a favourable issue; in middle age, the type of the disease is more chronic, and it is frequently complicated with visceral obstructions, and resolved by hemorrhage from the hemorrhoidal vessels and diarrhœa. In such cases the cure is more uncertain. Notwithstanding these observations, there are cases on record of dementia in young persons, and of mania in aged subjects. To recapitulate; imbecility is the disease of children—mania and monomania of middle life, and dementia of old age.*

11. As regards the sex,—in Great Britain the proportion of males to females is as 13 to 12. In England, the number of males is more con-

* The following tabular calculation of Georget will tend to illustrate these observations.

| | |
|---|---|
| From 10 to 20 years of age | 356 |
| 20 — 30 | 1106 |
| 30 — 40 | 1416 |
| 40 — 50 | 861 |
| 50 — 60 | 461 |
| 60 — 70 | 174 |
| 70 and upwards | 35 |
| | 4409 |

siderable than in Scotland or Ireland. In London and the county of Middlesex, the female cases are more numerous. In the sum-total of lunatics—in the asylums of various parts of the civilised world, Esquirol has calculated 37,825 males, and 38,701 females. When we consider the nervous impressionability of women, we might expect that they would predominate in the returns of lunacy, whereas, on the other hand, inebriety and debauch exercise a more powerful influence upon men; and if fond emotions may be considered, in the one case, as predisposing to mental aberration, on the other, *liquor* is a *set-off* against *love.* Alienation in females is observed at an earlier period than in males, and they are more subject to dementia. Their delirium is chiefly religious or erotic, complicated with hysteria, and pride is the frequent attendant on the malady which it had ushered in. Female lunatics are in general more deceitful and dangerous than men. Men are more subject to maniacal violence, are more easily cured, and less subject to relapses.*

* A very curious observation regarding the sexes was made in France, when it appeared, that of the lunatics rendered insane by political events, the males belonged to the aristocracy, and the females to the democracy.

12. Particular professions and modes of living exercise a considerable influence in the development of insanity. Deep study and intense application, with the want of rest both of mind and body, which ardent pursuits bring on, are as prone to derange the mind as the fervour of the enthusiastic imagination. Calculating speculations are as influential on the mind as versatility in ardent and passionate pursuits. While we recognise these predisposing causes, we must also take into account the habits of many enthusiasts, too frequently irregular, and which add materially to their morbid sensibility; and genius is too apt to let the passions follow a headlong course. In the ratio of the social qualities and agreeable converse of men of talent, are they exposed to the temptation of fascinating enjoyments. In deep, sordid speculation, or in ardent scientific disquisition, disappointments are bitterly felt, and the mind not unfrequently becomes blunted by exclusive pursuits which admit of no repose.* In both these conditions, although

* Rowe has beautifully illustrated this painful dominion of thought in the Fair Penitent.

> Turn not to *thought, my brain*, but let me find
> Some unfrequented shade: there lay me down,
> And let forgetful dulness steal upon me,
> To soften and assuage this pain of thinking!

most opposite, the physical functions become disturbed. In the one case, the circulation of the blood is hurried, and the vital fluid is unequally distributed, occasioning fever, congestion, and excitement. In the plodding man of business, careworn by anticipations rarely realised, the digestive functions are disturbed, and their energies destroyed, the epigastric region becomes the seat of tumultuous action, with all its fearful train of sympathies, and under their baneful influence insanity ensues.

13. Disappointed ambition, offended pride, and humbled vanity, are exciting causes attendant on particular avocations of life. In England, insanity appears to be most prevalent among female servants and workwomen, at whose feet the Pactolus of worldly grandeur flows in vain.* It is a painful task for the ambitious and discontented poor to prepare the gaudy trappings of the wealthy. In man, I apprehend that insanity chiefly visits individuals who have been disappointed in business, and who in their mis-

* The same circumstance has been remarked in France, where, out of two hundred and forty-five female patients, fifty-one were servants and eighty-five workwomen. At Turin, in four hundred and sixteen female lunatics, there were fifty-eight servants and forty-four occupied in domestic labours.

fortune had recourse to the Lethean cup of ardent spirits, and beer, no less injurious. In France, it appears that prostitution deprives many ill-fated females of their senses; this cause is of rare occurrence in England. This circumstance may, perhaps, be accounted for by the different character of these unfortunate outcasts in the two countries. In France they are mostly women of ardent passions, strongly excited by love and jealousy, and worn out by artificial excesses; with us, these wretched creatures are debased and brutalised by excess of liquor, and corruption and depravity sink them into heartless apathy.

14. Inebriety, although most undoubtedly a frequent cause of insanity, is not so powerful an agent as is generally supposed. It is as often a symptom of insanity as a cause, when it degrades the intellects before it perverts them.*

* In a return of one hundred and thirty-two cases of mania, by Esquirol, he could only show inebriety as a cause of the disease in fourteen patients; in melancholia, nineteen out of one hundred and sixty-five. At Charenton, which is an establishment appropriated to persons of a higher rank of society, there were sixty-four cases arising from abuse of wine, out of two hundred and fifty-six. Georget, in one thousand cases, returns one hundred and six drunkards; and Bonacossa of Turin, in five hundred and fifty-

15. Insanity is of rare occurrence in barbarous nations.

16. Civilisation appears to favour the development of madness. This circumstance may be attributed to the restraints imposed upon the indulgence of the passions, the diversity of interests, and the thirst of power; long-continued excitement of the mental energies, and disappointment in affections and anticipations. The wants of the savage are circumscribed: he gives vent to the burst of his passions without control, and their violence subsides when they are gratified. In a more polished state of society, man dwells upon his injuries real or supposed, acts silently, and cherishes hopes of enjoyment, amongst which the sweets of revenge are not the least seductive. Such a condition, when followed by humiliating disappointment, must naturally tend to develope mental diseases.

17. It is probable that the diseases of civilisation, which act chiefly on the nervous system, may have led to the original foundation of hereditary predisposition, transmitted by a shattered constitution, and disturbed functions.

five lunatics, attributes inebriety as a cause, to thirty-one cases, mostly complicated with love and jealousy; and in twenty-four provinces of Italy, out of two hundred, he returns seventy-three from drunkenness.

18. Celibacy augments the number of lunatics: this circumstance arises from the ungratified excitement that the restraints of that condition imposes, and from the vicious practices to which the single have recourse to gratify their desires.* It may be also observed, that married persons in general lead a more regular life.

19. Erroneous education in the higher classes, and want of a proper education among the lower order, may be considered predisposing causes if not of insanity, at least of the passions or vices that excite it.

20. Our passions may be considered the chief causes of insanity, producing stimulating or depressing spasms, which act most generally both on our physical functions and our mental faculties. This circumstance explains the prevalence of madness after puberty, when our re-

* The following is a table of the married in Bicètre, and the Salpêtrière.

| | Females. | Males. |
|---|---|---|
| Unmarried | 980 | 492 |
| Married | 397 | 201 |
| Widowers and Widows | 291 | 59 |
| Divorced | 5 | 3 |
| Not noted | 53 | 9 |
| | 1726 | 764 |

lative social condition exposes us to the influences both of our natural passions and their artificial aberrations. Both sudden prosperity and adversity madden.

21. Religious delusions are no doubt the occasional cause of insanity, but these ideas are more generally an effect than a cause, and are to be attributed to the gloom and the fears of the melancholic, who are constantly foreboding evil.

22. Religious insanity is comparatively rare among Roman Catholics, who seldom think deeply on the subject, and whose apprehensions are more easily relieved by their confidence in absolution. Where insanity is more frequent among persons belonging to the Romish persuasion, it will be found that it prevails amongst the upper classes, or the better educated, where reflection brings on doubt, and doubt ushers in terror of a future state. In Germany, it must also be observed, that in addition to the enthusiastic character of the natives, both Catholics and Protestants read the Bible, a study which must stir up a spirit of inquiry, and rouse the "thinker" from a religious torpor.* Thus is

* If Germany is adduced as an example militating against the assertion that Roman Catholics are less subject to insanity than Protestants, let us look to Catholic coun-

it, that scepticism has been known to prove as fatal, if not more so, to the intellects, than enthusiasm; the sceptic ponders and doubts; the enthusiast firmly and implicitly believes without taking the trouble of investigation; in the one

tries. In Spain there were, in 1817, only sixty lunatics in the hospitals of Madrid, and fifty in Cadiz; and in Italy, the proportion of lunatics gives one to four thousand eight hundred and seventy-nine persons. In England the proportion is 1 to 1000, and in Scotland, the proportion is 1 to 574. No correct statistical report on this subject has been obtained from Ireland, which could bear upon the predisposition of religion. In France the most correct information gives 1 to every 1000. In America the proportion has been stated to be 1 to 262. To account for such a fearful prevalence of insanity in the United States, we must take into consideration that they have been an asylum for the refuse of other nations for many years, and that the custom of dram-drinking, and indulging with comparative impunity in vindictive outbreaks, has been but too common in the rising population of the land.

In the late returns of Bonacossa, of Turin, we only find fourteen cases of religious delusion in two hundred and seventy males, and four female cases, out of two hundred and thirty-nine; out of these one was terrified by a sermon and her confessor, eight by exclusive thoughts on religious subjects, and one from religious scruples. While religion seems to possess little influence in Italy, love exercises a more powerful sway; out of two hundred and seventy males, we find nine insane from deluded love, and eight from excessive love; while amongst fifty-three fe-

case the mind is miserable, in the other it revels in ecstatic joy.

23. Religious delusions vary according to physical predisposition, and frequently arise from the constant mental struggle between our passions and our virtuous sentiments.

24. Religious monomania is the most likely to lead to suicide, being usually attended with despondency and despair, with the exception of cases of insanity brought on by severe losses; in both cases despondency prevails.

25. Suicide, however, is of rare occurrence amongst lunatics: out of 12,000 lunatics confined at Salpêtrière during several years, only four suicides took place; at Hanwell, during fourteen months, out of 1000 patients, only three attempts at suicide were made. Where suicide is often

males, eleven were labouring under the fatal influence of this passion.

In England it is calculated that in twelve of the agricultural counties, the proportion of lunatics to the whole population is as one to 2245, while, in twelve non-agricultural counties, the proportion is as one to 1965. In France, out of one hundred and sixty-four cases, only three were cultivators of the soil. In Italy the proportion is much more considerable, and we find, by the return above stated, out of 1121 males there were two hundred and thirty-three labouring countrymen, and out of six hundred and seventy-one females, one hundred and ninety-five villagers.

attempted in an asylum, its moral management must be bad; where the deed is often perpetrated, its management must be execrable.

26. Hereditary predisposition is an acknowledged fact, aggravated and accelerated in its development by the continual apprehension that must pervade the minds of subjects thus constituted. Not only are mental diseases brought on by apprehension, but physical disorders are frequently produced by a similar cause. This is instanced in diseases of the heart, where fear brings on a state of excitement, during which the circulatory functions are deranged: this derangement becomes frequent, until at last the sound action of the heart participates in the disturbed state, and finally the organ itself becomes diseased. It is the same with our mental faculties: by dint of intense thinking, and between conflicting hopes and fears, the mind becomes incoherent; dwelling long, and at the same time vividly, on a particular engrossing subject, brings on stupidity. We frequently forget in our endeavour to remember.

27. In this series of reacting and conflicting sympathies, the digestive functions appear to be the first that are deranged by mental excitement. Hence the investigations of morbid anatomy in fatal cases of insanity usually exhibit

functional alteration in the organs of assimilation. As the mind improves, and recovers more or less promptly its healthy action, we find that the digestive functions become more regular; therefore, excepting in cases of fatuity and idiocy, we may entertain a favourable prospect of speedy recovery when the body from a state of emaciation begins to recover bulk. This is a practical point of the utmost importance in guiding our treatment, and shows the absolute necessity of basing it, to a certain degree, on a careful attention to the digestive organs.

28. When intensity of thought has brought on incoherence, such a confusion prevails in the mental impressions, that no distinct recollection appears to exist of former circumstances. Hence the fact, that subjects who have become insane from disappointment in their fondest attachments, rarely mention the name of the object of their love. When they do recollect the person's name, and appear to be grieved when it is mentioned, however violent their maniacal outbreakings may be, we may entertain the most sanguine hopes of recovery.

29. Erroneous and delusive impressions require the most constant attention and observation, as they will frequently enable the practi-

tioner to form an opinion of the extent to which the mind has been perverted.

30. False impressions may arise from intense thought, when reality assumes a fictitious form. Thus, a lunatic will confound sexes, and colours, and languages, and yet preserve a lively and a correct recollection of former circumstances. Such a state may be compared to optical deceptions, and generally arises from physical causes, more particularly a derangement in the digestive functions. Although, when these singular delusions have been of long continuation, the case holds out but feeble hopes of recovery, yet at an earlier period of the malady we may entertain sanguine expectations of success. We must in these cases be guided by the extent of the perturbation of the functions, and particularly of the senses. If a patient can gaze upon the solar refulgence without any impression on the eye—if intense light does not produce a contraction of the pupils—if he is unconscious of the nature of what he eats—the prognosis must be most unfavourable.

31. If the aberrations are merely whimsical, transient, and occasional, however wild and absurd they may appear, we may entertain a favourable prognosis. I attended a lady who

fancied that the world was fast approaching its end—that she was to inhabit New Jerusalem; she took me for a Rabbi—would sing in turn with uncommon feeling and sweetness, Little's songs, Wesley's hnyns, and the Psalms. Although her husband, a medical man, and whom she could not recognise, despaired of her cure, I gave him every hope, and a proper management soon restored her to a healthy state of mind.

32. In these incoherent wanderings it is essential to ascertain how far the common impressions are under the control of the will. The power of volition in lunacy is greater than is generally imagined, and the wildest aberrations are frequently under its control. I had a patient who considered himself the Saviour, and blasphemed in the most outrageous manner when addressed by strangers. I told him that if he did not desist from blasphemous expressions, I should stop his dinner, to which he replied, "Christ never dines." However, I was true to my word, and although he still fancied himself the Son of God, he ceased to claim the title in my presence. This case was incurable, and of many years standing when placed under my care: it is probable that a proper early management would have restored him to his senses.

33. A lively apprehension of what is said to a lunatic, or a ready display of wit in his replies, so far from being considered favourable circumstances, may be viewed as symptoms of incurable insanity. This observation applies more particularly to the Irish, and in such cases the causes of the disorder may be traced to inebriety. I had an incurable patient under my care, a soldier, to whom I ordered every morning a solution of sulphate of magnesia. One day that he had refused to take his medicine, had been violent, and struck the keeper, who was obliged to place him under a temporary restraint until I came, I asked why he had refused to take his draught, which was nothing but salt water; he quietly replied, "Och! you know salt water can carry a poor fellow much further than he wishes to go." In the double sense of this witty reply, he alluded to the sea, and at the same time, though not in a very flattering manner, to my practice. Another incurable Irish soldier, who was in the habit of drawing and painting various fantastic figures, in which he displayed much imaginative power, was asked by a visiter, who had given him some paper and colours, what he would like to draw. "Is it like to draw that you mean?" he replied; "and, to be sure, it isn't I that would like to

be after drawing a pot of porter with a whig upon it!" Here at once he alluded in a pun to a favourite beverage of former times, of which he was deprived, and in a rich simile compared the foam upon the tankard to a whig. The same patient was requested by an officer of the garrison to draw something for him, and upon his second visit he gave him the drawing of a goat in uniform, with a drum on his back; under it was written ' The Welsh drummer." I did not know until then that the officer was a Welshman; a circumstance which, no doubt, the patient had accidentally heard. In both these cases the mind was so unregulated, and subject to sudden bursts of a vivid and erroneous imagination, that the patients could not have been discharged with safety to themselves and society.*

* Inexperienced theorists, when placed in charge of lunatics, in their anxiety to show numerous cures, discharge patients as soon as a lucid interval is evident. Nothing can be more erroneous and dangerous than this practice, which they sooner or later will have cause to lament. In both the cases alluded to, there was a full faculty of calculating and drawing correct inferences, whenever they did not labour under brainular excitement, which had, no doubt, been brought on by intemperance and insulation in tropical climates, leaving a morbid predisposition to any exciting cause of irritation, whether moral or physical.

34. Occasional ravings, although followed by tranquil, even lucid intervals, must be considered as denoting a disease of a more obstinate form than a constant delusion, although attended with maniacal violence, more especially if these ravings display vivid imaginative powers. I have had such patients under my care belonging to the humbler classes of society, whose poetical inspirations and productions would have done credit to the most polished writers. During these hallucinations, they were at times so violent as to need occasional restraint, while at other times their thoughts and language flowed in a placid yet rippling stream of taste and fancy. In such cases, notwithstanding the length of the lucid intervals that may be observed and confided in, we must not venture to rely upon the temporary calm, and can rarely look for a permanent cure—a morbid excitability and impressionability will ever prevail, subject to be brought into action by any stimulating agency.

35. A constant delusion, although attended with more or less violence, is generally complicated with febrile action of what might be called a nervous type, and the aberrations will partake of the character of febrile delirium. S. H., after a puerperal fever, fancied that she had been a rope-

dancer at Astley's amphitheatre; her agility, strange postures, and pliancy of limbs, seemed to warrant her assertion. Her language was obscene and precipitate, and her tricks so fantastic and surprising, that she went under the name of "Jim Crow." No restraint, however rigorous, could keep her tranquil or harmless night or day. A few months' moral and physical treatment restored her to her senses. In this, as in many other similar cases, the corporeal actions were subject to the will, but the will itself erred from a defect of judgment, and the natural result was a disordered imagination, produced by brainular excitement, closely associated with uterine symptoms, which are usually marked by mental perversion, and a deviation from truth. These symptoms not unfrequently attend hysteria, when all the groundwork of a former virtuous education seems to crumble to dust under physical excitement. In these cases, a language is used, so obscene and audacious, that the family of the patient are amazed, cannot imagine how such foul expressions should escape lips that had been used to the most chaste conversation, or reconcile the painful scene they witness with their former vigilançe in guarding against contamination. It is fortunate for society

that these cases are easily subdued by a proper treatment, when not a recollection remains of the humiliating past.

36. As peculiar temperaments are not only most powerful in developing insanity, but may be considered a predisposition to the disease, it becomes a matter of great importance to attend most carefully and incessantly to the growing evil. The MOMENT that an *oddity* or an *eccentricity* is observed, our treatment should commence: the family must not be indulged with deceptive hopes: unless the morbid association is broken in its very first links, by meeting the premonitory symptoms, we cannot trust to nature's benevolent interference. It is necessary to observe, that in many cases, the character of the disease, and the variety that it assumes in its manifestations, differ widely from what might have been expected from a peculiar temperament. Thus we see the cheerful and animated becoming gloomy and desponding, and the melancholy and taciturnal loquacious and merry. These anomalies, however, are not unfavourable.

36. When patients evidently err against their judgment, and express a consciousness of the absurdity of the delusion under which they labour, a permanent recovery is doubtful. A case

is recorded of a man, who fancied that only one half of his person was insane, the healthy moiety constantly rebuking the mad pranks of the other lateral portion.

37. When a perversion of judgment arises from the influence of the passions, we may entertain the most sanguine expectations of success; not so, when the perverted state of mind becomes rooted, and assumes a monomaniac character. I had a patient under my care, who reasoned soundly upon any subject except when under the conviction that his wife, an old paralytic woman, had been faithless to him; when he vowed her destruction and that of her supposed paramour. This case was the result of disappointment and inebriety: the patient even asserted that he had detected his wife in her infidelity, and would not only name the day and hour when he obtained this conviction of his dishonour, but describe the particulars of the imaginary scene. It is more than probable that this delusion was brought on by a waking dream or vision, when under the influence of liquor.

38. While we carefully study the temperament, we must endeavour to ascertain, in cases of hereditary insanity, what was the peculiar character of the insanity that was observed in the

parents of the patient; and it is more than probable that the offspring will be affected in a similar manner. A homicidal and suicidal propensity is often observed in a numerous family. I knew a man who drowned himself after various insane acts, and who had two brothers, one of whom, in India, cut off the head of his servant, and having made a curry of it, served it up under a cover to his terrified guests; the other brother took a house in Hampshire, near a powder-mill, and every night amused himself firing sky-rockets over it, to the utter dismay of his neighbours, who were obliged to get him confined; he soon after cut his throat. In many of these cases we observe an inherent thirst for blood. Dr. Otho of Copenhagen knew a patient who, having seven children whom he fondly loved, could not resist the impulse which propelled him to murder four of them, taking them to a large pit, and, after fondly embracing them, casting them in. In these melancholy instances of homicidal insanity, the unfortunate patient is frequently conscious of the fatal propensity. Esquirol had a patient who acknowledged his constant inclination to destroy his dearest friends, and who was known to supplicate his mother to quit the room, if she did not wish to have her throat cut.

I lately attended a Belgian, who was devotedly attached to his children, and the first symptom of his insanity was taking one of them, an infant, into his garden to bury it alive: this man was mild, gentle, and an excellent gardener.

39. It has been already observed, that it is difficult to ascertain whether the mind or the body is primarily affected; the connexion between the material and immaterial principle is so complex, that it defies human investigation. It has been advanced, that the brain is affected before the mind;—of this we have no proof; many are the diseases and injuries of the cerebral organ, of the most fearful nature; when all its functions might be expected to have been destroyed, yet the intellectual faculties remained unimpaired.

40. I have seen several cases of gunshot wounds in the head, when the brain was in a state of suppuration, and portions of it coming away in the dressings; yet, to the last moment, the patients were conscious of all around them, and the manifestations of the mind correct. In cases of concussion and compression, and apoplexy of the most alarming character, no mental derangement has followed.

41. Sudden injuries of the brain occasioned

by external violence are rarely followed by insanity, but more frequently by a partial loss of memory. I attended a young woman, who, having struck her head against a window shutter, was partially deprived of memory; the blow had been received on the centre of the left portion of the frontal bone; she could only recollect Saturdays and Mondays, and count from one to twelve, with the exception of the number eleven, which she could never pronounce: it was some time before she could well articulate words beginning with a consonant, especially the letters P and D; there was an occasional dilatation of the right pupil. Such cases are frequently followed by epilepsy.

42. Insanity, especially in the form of mania, is frequently the result of a morbid enlargement, or the formation of an anormal process of the inner table of the cranium. I attended a Portuguese labouring under occasional furious paroxysms of mania, in whom I found, after death, a sharp ridge on the internal surface of the frontal bone, that had pressed upon the falx, and which must have been the cause of constant excitement.

43. *Post mortem* examination frequently exhibits morbid alterations of the structure in the

brain and its membranes; but we must recollect, that during the violent paroxysms of insanity there is a constant determination of blood to the head, similar to that congestion which arises when a man is under the influence of passion. In such a delicate organ it is natural to expect that some morbid appearance will be traced. Repeated intoxication will be followed by similar results: frequent inebriety may therefore be considered as a powerful predisposing cause, by producing increased action so often, as ultimately to lead to a derangement of the mental faculties.

44. When inebriety is supposed to have been the cause of insanity, it is of importance to ascertain whether the habit preceded or followed the malady. If it preceded the attack, we may entertain a more favourable prognosis than when the practice was the result of the disease.

45. The apparent preponderance of physical symptoms should never induce us to trust solely to a physical mode of treatment, and neglect the moral management: both these means of cure should be carefully combined.

46. When the progress of insanity is slow and insidious, we have much more to apprehend than when the attacks are sudden and violent. It is chiefly in insidious cases that diseases of

the brain and the abdominal viscera are discovered. This shows the necessity of attending without delay to any absence of mind, inability, or disinclination, to follow habitual pursuits, a difficulty of exercising the judgment; an alteration in manner, and a failure of memory: every day, *every hour lost, is of vital moment.*

47. In the ratio of the perturbation of former quickness of apprehension and activity of mind must our apprehensions increase.

48. Defect or loss of memory is of a different character, and it is an essential point to ascertain the peculiarity of this perversion. When a patient forgets his own name, his country, and his trade, assumes other appellations, place of birth, and former abode, the chances are that he will become fatuitous; but when a state of great excitement prevails, with much volubility and loquaciousness, with only an occasional failure in memory, a cure may be expected.*

49. When the loss of memory is only partial,

* Shakspeare has beautifully alluded to the defect of memory as a symptom of insanity.

> "It is not madness
> That I have uttered: bring me to the test,
> And I the matter will *reword*, which madness
> Would gambol from."

and a patient recollects certain circumstances of a transaction, but not all, certain dates and names, while he forgets others, a lesion of some portion of the brain may be apprehended. When, in old age, transactions of the latter part of life are forgotten or but feebly recollected, while the scenes of youth and of manhood remain in vivid remembrance, the case is generally incurable. Some lunatics completely forget certain habits, and entertain a vivid recollection of others. A young female patient of mine cannot read a book, but can decipher any music of easy performance, placed before her on the piano.

50. It is generally supposed that, in monomania, the patient only errs on one particular point. This is not always the case; and indeed, if carefully examined, it will be found that the prevalent idea is the result of more complex delusions. To detect and elicit this morbid catenation is not easy, and can only be attained by long experience, and a constant attendance upon the insane. The erroneous impressions of a monomaniac on any one particular subject are the result of an incapacity of ascertaining the relation of ideas, and it therefore becomes necessary to draw him gradually from this supposed *one* idea to the collateral train of think-

ing which most probably suggested the erroneous impression. I had a young lady under my care, whose sole error in judgment appeared to be an indulgence in the most extravagant expenses; on all other subjects she appeared perfectly sane. However, she was once talking about various diamond ornaments she was about to order at Rundell and Bridge's. I had observed a considerable degree of pride and haughtiness about her, and I therefore suggested the purchase of a diamond diadem, instead of a necklace. Her eyes beamed with delight, and, taking me by the hand, she exclaimed, "You are right, and I will wear it when I am crowned queen of Naples;" yet the memory of this amiable but unfortunate young person was in general most correct, even when speaking of her own propensities. "My friends," she said to me one day, "consider me insane, because I am extravagant; if every extravagant person were considered a lunatic, Salisbury Plain would not be large enough for a madhouse."

51. Our prognosis must be unfavourable, when, on the assumption of a personal high rank of life, the consciousness of personal identity continues to be correct. In this case the monomaniac delusion may generally be referred to

offended vanity and humbled pride—injuries that are rarely forgotten.

52. Female lunatics, in whom the malady can be traced to the humiliation of their vanity, have a greater chance of recovery when under the constant care of a physician, than when controlled by persons of their own sex, whom they generally dislike. It is true, that we frequently see female patients selecting a constant companion amongst the inmates of an asylum; but I apprehend that in these cases a vicious habit often prevails between them, the interference of matrons (generally injurious,) and the surveillance of nurses, must naturally become irksome and hateful. In the management of such females a homage to their real or supposed attractions must be paid, and it is not likely that female attendants will gratify their desire.

53. There is a peculiar effluvium emitted by the insane, more particularly in female maniacs, that cannot be described; but experience will enable a medical practitioner to form a favourable or unfavourable opinion of the case from this circumstance. The same remark applies to hysteria.* This odour is evidently connected

* It is well known that at particular periods the urine of cats is more offensive than usual; and the connexion

with uterine sympathies, and will cease or decrease as we succeed in our treatment.*

54. Fear has been known to produce an offensive perspiration. I attended a young lady whose transpiration emitted the most unpleasant odour. It appears that at an early period of life her father and brother had been murdered in her presence. This melancholy event not only brought on premature menstruation, but the unpleasant nature of her cutaneous transpiration. A proper treatment restored the secretions to a healthy state.

55. When lunatics imagine that a deep-laid conspiracy has been formed against their lives, happiness, or property, the treatment is difficult, for such unfortunate beings are speedily exhausted by restless nights and anxious days; they shun intercourse with every one, except to indulge in their lamentations; they take their food mechanically when they do not loathe it; their countenance becomes pale, haggard, and livid; their features bear a care-worn character;

between this secretion and the genital organs is proved by emasculation, which deprives it of this detestable odour.

* In maniacs who have emitted this strong odour, necroscopy has generally exhibited inflammation of the membranes of the encephalon.

the watchful eye is glassy, and moves rapidly in its orbit; a slow fever consumes them: when, by occupation and kind treatment, they can be drawn from their state of concentrated wretchedness, the first signs of amelioration are a return to rest at night, and to a regular appetite, with a corresponding increase in bulk, while the digestion, which gradually becomes more healthy, shows that the assimilating functions are recovering their lost energies.

56. When patients are under the dominion of passion, and are perverse without any apparent lesion of the mental faculties, the prognosis may be favourable. In this case there is merely a morbid perversion of the affections and moral feelings.

57. When insanity has been preceded by an attack of paralysis, epilepsy, or a fever of an inflammatory type, with considerable cerebral excitement, the case will prove of difficult management—the progress of the disease will be slow and insidious, and it is only by dint of observation that the error in judgment and strangeness of conduct become evident.

58. When patients, who have expressed an aversion to their relatives and friends, and have shown distrust and fears of their betraying and

injuring them, seem at last to desire their visits, the case will prove favourable if properly managed; for the desire is frequently expressed with great cunning, for the purpose of upbraiding or injuring the parties when brought in their presence, in which case a meeting would only aggravate their disorder.

59. When the gloomy and religious monomaniacs will allow you to reason with them, however obstinate their erroneous ideas may be, we may hope to effect a cure; but it is difficult to relieve those who are morose and taciturn. In these cases we must guard against suicide.

60. When religious monomaniacs are addicted to sodomy—a very frequent complication—the case is incurable, more especially if they show much apparent devotion, and constantly talk on religious subjects. The case is still more hopeless, when they select idiots for the indulgence of their vices.

61. Masturbation has been considered a very frequent cause of insanity. I doubt it. That this vice is often attendant on the malady, is a well-established fact; that the moral and physical exhaustion that must arise from its indulgence aggravates the disease, is also certain; but I apprehend that it is frequently an effect rather

than a cause. In various classes of society, schools, religious seminaries abroad, amongst soldiers, sailors, self-pollution is not uncommon, and yet insanity is of rare occurrence amongst them. Onanism is more likely to hebetate than cause mania or dementia. In America, and where solitary confinement is resorted to as a punishment, I can readily conceive that insanity may be produced by excesses in this vicious habit combined with the miseries which a gregarious being must endure when cut off from the world, without prior education to employ his mind, or occupation to draw him from a moral grave. This vice is common in idiots, and maniacs will indulge in it openly, and without any shame. I am disposed to look upon this practice as a debilitating, predisposing cause; when it becomes a disease, it constitutes insanity.

62. When mischievous propensities are prevalent, such as thieving or destroying, it will be advisable to discover, if possible, if such a disposition is hereditary. A similar inquiry is necessary in cases of powerful desires and aversions. If these peculiarities are not hereditary, they admit of an easy cure at the commencement of the disease; but, if allowed to be persisted in for a prolonged period, they are incurable. I had a

girl under my care, who would put lime in her eye; another time, a blister having been applied to her neck, she took it off and placed it on her eye; she was constantly pilfering any stray article she could find, and once destroyed several pails of milk by easing herself in them. I discharged her cured, or rather relieved, as it is probable that those propensities will return under some capricious excitement.

The propensity for stealing and lying, however, does not exactly constitute a case of insanity sufficient to warrant the confinement of a person in a lunatic asylum; but it is a point to be taken into serious consideration by a court of justice, inasmuch that it is a mental propensity, which the culprit cannot control, and a man can scarcely be deemed guilty of a crime when he is not under the influence of his will. This remark is equally applicable to those persons who are subject to violent and sudden paroxysms of passion, and who become calm and manageable as soon as the burst of excitement has subsided. Females in particular are subject to these outrageous fits, when they become most dangerous; although, after the paroxysm, these unfortunate persons are conscious of their error and misconduct, it leaves a question, whether they should be sub-

ject to confinement. Many cases of this description are placed in public and private establishments, although their detention may be a questionable matter. It is no doubt a great hardship that persons possessed, at most times, of the full exercise of their mental faculties, should be thus immured in a prison; yet we must entertain doubts, as to the propriety of leaving them at large to become perilous to society.

The propensity to mischief is frequently incurable, and the following case, given by Mr. Hitch, is an illustration of this species of insanity.

" A man was discharged from this establishment, about two years ago, reported cured, whose eccentricities and extravagant conduct had drawn upon him the anger, and almost the dread, of an extensive neighbourhood. He was about thirty-five years of age, a shoemaker by trade, and married; addicted to an irregular life, and fond of drinking. His natural disposition was lively; he abounded in a peculiar kind of wit, and had an endless series of marvellous tales at his command, which, when excited, he told with great humour, and he rendered himself thereby a welcome guest at the village alehouse. Here he was also prone to those petty mischievous tricks which are vulgarly denominated ' fun,' as he was

an amusing companion in his sphere. However, his love of sport did not rest in the gambols of the beer-house; he became restless and disinclined to his own business, made frequent excursions to different towns and villages, under the pretence of seeking fresh work, was riotous and coarse in his play at the tavern, and eventually left the neighbourhood of his residence. He took with him the kit of a travelling tinker, and set up the business of a knife and scissors-grinder, of which he knew nothing. He exulted in the havoc he made in the cutting instruments which were entrusted to him, but did not continue his new trade for more than a day or two, when he disposed of his kit, and began to sell old clothes. This pursuit he changed for another, and that for something new. In about a fortnight he returned home, and instead of entering his house by the door, he ascended the roof, removed the tiles, and entered through the ceiling. This he continued to do, making his entrance and exit from the top of the house. He would amuse himself at night by driving a pig, fastened to a cord, through the village, upon whose nose and tail something had been fastened to cause him to squeak, and thus disturb the neighbours. He would exchange the farmers' cattle, and remove

their gates during the night, and before morning was some miles out of the way. He would often run ten or twelve miles in a straight line without any motive, disregarding fences, corn-fields, brooks, or anything. Whatever his fancy led him to want, he made no scruple to take, regardless to whom it might belong; and when he had made the use of it which he thought proper, was not particular in returning it. For many of these acts he was taken before a magistrate; but his apparent simplicity, or his sagacity, added to a plausible tale, saved him from punishment on all occasions but one, when he was sent to a house of correction for a month, as a disorderly vagrant. He eventually was deemed to be mad, and sent to me. I found him one of the most mischievous of beings; his constant delight was in creating disorder, to effect what he called 'fun;' but he had no *motive* nor *impression* on his mind which induced him to this conduct; he was merely impelled by his immediate feelings. When he recovered his tranquillity, he had a perfect recollection of all that he had done, and wondered how he could have taken so much trouble to make himself appear ridiculous."

However, it is not always that these mischievous creatures regret what they have done.

I had an old man under my care of a similar description, whose pride and boast was having thrown a dead cat into a cistern, and spoiled his neighbour's water, giving them, as he said with great delight, the cholera morbus and the guts-ache. This man was occasionally gloomy and morose, but was easily roused from his apathetic state by the mention of the "dead cat," when he would chuckle with delight, and rubbing his hands, exclaim—"Ha, ha! I gave them all the guts-ache!"

Such cases are incurable, and can generally be referred to inebriety.

63. When a disturbed state of mind occurs at an advanced age, little hope of recovery can be entertained.

64. It is a matter of great difficulty to cure a patient whose hallucination appears to be the result of natural predisposition and propensities, connected with a peculiar temperament.

65. When insanity appears to have been the result of some constitutional change, the malady, in all probability, will not subside until another revolution in the system takes place, and this may sometimes be brought on, at least imitated, by art, more particularly in females.

66. The gloomy and dispirited monomaniac

labouring under erroneous religious impressions, and constant apprehension of future punishment, will sometimes cease to complain and express his fears. Such an apparent calm is frequently the forerunner of suicidal attempts.*

67. The more trifling the subject of the apprehension, the more we have to apprehend.

68. When these apprehensions of a hypochondriac nature are absurd, such as when a patient fancies he is made of glass or wax, a proper treatment will in general succeed. I attended a judge in the West Indies, who thought that he was a turtle. This ridiculous impression did not prevent him from sitting on the bench, and fulfilling his judicial functions as regularly as his learned colleagues.

69. When the natural tone of voice of a patient is materially altered, there is every reason to fear that the disease will be obstinate, unless this change can be referred to a particular period of life.

70. When insane patients pass their dejections in bed, or in their clothes, it is essential to ascertain whether these evacuations have taken place unconsciously. In such cases great de-

* This endeavour to conceal mental aberration is called by keepers "*stifling*."

bility or approaching paralysis may have been the cause; but when the dejections are passed willingly and purposely, when the patient endeavours to eat his fæces, or smear himself with them, or the walls, or his bedding, the case is rarely curable.

71. When the cessation of violence in mania does not usher in convalescence, we must apprehend chronic and permanent dementia: here the intellectual faculties being obliterated, all hope has fled, and melancholy results will show the necessity of the most early and active treatment in incipient madness.

72. When it is observed that the voice becomes thick, the articulation embarrassed, with a slight deviation of the angle of the mouth, while the tongue is swollen and tremulous, an attack of paralysis is at hand, and these premonitory symptoms will soon be succeeded by an unsteady gait in walking, and difficult deglutition.

73. Insanity, complicated with paralysis, may in general be considered incurable, especially when it supervenes in mental derangement, and the disease increases, as the mental powers decay. However, there are cases, where, to the very last moments of the paralytic's life, a recollection of

certain circumstances and former occupations remains. I had a patient under my care who had been a printseller, and a careful collector of autographs. Within a few days of his death, when he had lost almost all consciousness of former relations in life, when questioned upon particular autographs, he would place a conventional value on them—so much for a signature of Cromwell, of Elizabeth, of Milton. When I asked him what he would give for a signature of Shakspeare and Mary Queen of Scots, his glassy eyes seemed to beam with a latent fire, and he stuttered, with great emphasis, "*All the world.*"

74. Paralysis combined with insanity is more frequent in males than in females. This circumstance may, perhaps, be attributed to the affection of the spinal chord, that too frequently succeeds libidinous excesses in man, a morbid condition more rarely connected with uterine sympathies. The abuse of spirituous liquors and of mercury may be also considered a cause of this disproportion between the sexes.

75. The mean duration of paralysis has been estimated at thirteen months, and few survive more than three years.

76. The complication of paralysis with insa-

nity appears to be much more frequent on the continent than in England, especially in France.* This circumstance may, perhaps, be traced to the practice of the French, who carry burthens on their backs and loins instead of their shoulders and head; the greater prevalence of masturbation may also be a cause.

77. Paralysis is not the cause of insanity, nor can it be considered an effect or a symptom; it is merely a complication arising from collateral predisposition, and is generally a subsequent affection.†

* In the Hanwell Asylum, out of 1,000 patients there were only 12 cases of paralysis, whereas at Charenton there were 95 out of 366 males, and 14 out of 253 females. At Rouen 31 in 334. In the south of France and Italy the disease is rare. Thus in Montpellier no paralytic case was reported in 132 cases, and at Toulouse 5 out of 111. At Naples 3 in 500.

† Bayle has endeavoured to show that both paralysis and ambitious monomania are caused by a chronic inflammation of the membranes of the brain, and he divides the disease in the following categories:—1. Ambitious monomania, with signs of incomplete paralysis. 2. The period of mania. 2. The period of dementia, with general paralysis.

This theory cannot be supported by practical observation or necrologic researches, and paralysis does not appear connected with any particular character of insanity. In these investigations and speculative theories, we must admit the

78. The frequent and alarming difficulty in deglutition that is observed in paralytic patients, often arises from their voracious manner of feeding, in consequence of which solid food is accumulated, and obstructs the œsophagus. Suffocation has arisen from such accidents: hence the propriety of such patients being put upon a spoon diet.

79. Notwithstanding the preceding remarks, paralysis, when not complicated with actual insanity, is sometimes attended with a lesion of the faculties of the mind, to such an extent indeed, that the patient will not only forget past circumstances, but words, and not unfrequently misapplies them in the strangest manner. Paralysis is most probably a disease of the nervous

truth of Esquirol's sound remark, that nature, despite of the constant researches of physicians and philosophers, persists in keeping her secrets unrevealed.

According to the investigations of Calmeil, necroscopy displays in these cases,

1. Congestion in the brain.

2. Hemorrhage in the cerebral substance.

3. Simple hemorrhage between the two laminæ of the arachnoid.

4. Ramollissement properly so termed, seated on a point of the cerebro-spinal system.

5. Erosion of the cerebral surface.

system, and the whole system is disordered in its attacks: thus making an individual of a placid and gentle disposition violent, while at other times the most turbulent will become mild and tractable.

80. While we are endeavouring to trace symptoms of paralysis, it must be borne in mind that many lunatics drag their legs in such a manner as to lead one to infer that they are threatened with palsy: they will assert that some evil spirit has deprived them of the use of their limbs—that they are bewitched. If these complaints are unheeded (at least in appearance) and made light of, the patients will in all probability recover their former gait.

81. Strabismus is also, in many instances, a trick; and patients will contract a singular habit of occasionally squinting. In mania, especially among females, this is a common occurrence; and when there is no contraction or dilatation of the pupil, it is a circumstance of little importance, when the squint is not permanent.

82. There is every reason to apprehend that paralysis is rather a disease of the brain than of the spine.

83 Lunatics rarely become blind, but are frequently affected with deafness. This difficulty

of hearing is often attended with a *tinnitus aurium*. However, the deafness is sometimes merely apparent, when the patient fancies he hears strange sounds, admonitions, and threats from unseen agents and spirits; he then is so intent upon listening to these imaginary communications, that he literally turns a deaf ear to all that is said to him. This is a formidable symptom, as the patient will become gradually more and more abstracted from surrounding objects.

84. More delusions are conveyed by the ear than by the eye; and of the organs of sense which become affected in insanity, the ear more particularly suffers.

85. When the integuments of the cranium become loose and wrinkled in cases of mania, and at the same time the eye is glistening and protruded, with a contraction of the iris, an incurable malady may be suspected, as the membranes of the brain, in all probability, are labouring under chronic inflammation.

86. The opinion, that lunatics are not sensible to changes of temperature and extreme heat and cold, is erroneous; during their paroxysms they are often so much occupied with their delusive wanderings, that they may not feel the severity of cold, or the inconvenience of intense

heat; but when the mind becomes more calm, the agency of atmospheric influence is evident. Paralytic patients more especially suffer much from cold.

87. When melancholy succeeds furious mania, the prognosis is unfavourable. When the character of insanity changes, the alteration must be considered unfavourable.

88. If, however, after a violent paroxysm, a patient becomes dull, heavy, and sleepy, this is a favourable symptom, provided that he gradually recovers from this state.

89. The aversion to a recumbent position is not, as it has been considered, an unfavourable sign; it merely arises from the patient's anxiety to get out of bed, and when seated, he has a better opportunity of expressing his delusions, and threatening his attendants.

90. Peculiar actions, such as constantly drumming upon the table, stamping regularly on the floor, clapping hands, &c., may be considered signs of a rooted disorder and great mental alienation. When insanity has assumed a systematic character, it may be considered most difficult to cure.

91. Sitting all day in the same place and

posture is an unfavourable symptom and precursor of fatuity.

92. The persuasion of mysterious voices of unseen persons and spirits speaking and threatening a patient, is an alarming symptom, but by no means denoting an incurable case. F. B., a Venetian seaman, lost his senses on board ship; he fancied that three persons were continually wishing him to deny the Saviour, threatening him with horrible punishment if he disobeyed their commands. He prayed incessantly to the Virgin, and would not eat meat; a priest of his own persuasion induced him to take animal food, and constant occupation in the garden and fields soon restored him to his senses. I considered the cause of the disease nostalgia, as he was constantly talking of his home, and three times effected his escape to see his consul, and obtain a passage to his country.

93. Moral insanity, in which the patient possesses the full enjoyment of mental faculties, with the exception of some particular subject, is generally incurable, if it is not attended to and subdued at an early period. Miss B., a Portuguese by birth, and natural daughter of Lord B., expresses herself in the most correct and occasionally elegant

language; has read much, and improved her mind by various studies, talking most correctly on political economy and various abstruse subjects; she had no doubt experienced pecuniary losses, having been defrauded by some law agent; but she has exaggerated the evil, and conceives that the magistracy of the county and all around her are conspiring to keep her in confinement; nor can she be persuaded but that one of the physicians wished her to be married to his son, to obtain her fortune; such a case is incurable. Such is another case, in M.C., a young person, a native of Orleans; she has been a governess, was attached to a person, whom she says her mother prevented her from marrying; fancied this person was a clergyman, who addressed her from the pulpit; no persuasion can remove this strange impression; she talks most correctly on any other matter, but is generally taciturn and capricious.

94. Religious insanity, as I have already observed, is of difficult cure, especially when the patient has become deranged from Methodistic delusions. The rhapsodies of the Irvinians in England, and of the Swedenburgians abroad, have sent many a patient to the madhouse; in many of these cases, the most absurd constructions are put on passages of the scripture.

M. S., a well-educated woman, and excellent linguist, who had been a teacher, became an Irvinite; she refused to be washed or bathed, on the plea that our Saviour said that it was only necessary to wash the feet; she quotes the passage of the gospel, and, strange to say, a Swedenburgian visiter (out of a mad-house) maintained that she was not insane, and that possibly her version of the scripture was correct. This woman farther asserted, that she would not go into a bath without her son, a young man of twenty-five years of age; she also quoted scripture to explain this fancy: the Swedenburger said that this was a natural desire. M. S. may be cured, the Swedenburger is incurable; for S. is insane on all points, the Swedenburgian insane on one.

*95. In our observations on temperament, the colour of the hair is a matter of importance, especially in hereditary insanity. I have known four individuals of light brown hair insane in one family; the only exception was in favour of one brother with red hair; insanity in red-haired persons is rare, but more common in the dark and light brown.*

* Out of 265 patients, Haslam states that 250 had dark hair and 60 light hair. Esquirol states, that chesnut hair

96. The most frequent moral causes of insanity are—

1. Pride.
2. Fear.
3. Fright.
4. Ambition.
5. Loss of property.
6. Domestic cares.

97. Of these, domestic cares are the most active:—under this head are included—family dissensions, strife, and disappointment in business; most of which drive their ill-fated victim to inebriety and other debilitating excesses, to forget their misery. It is this view of the subject that has induced me to consider habits of intoxication as a complication of the causes of insanity.*

is the most common at the Salpêtrière; out of 226 patients 118 had dark hair; 39 fair, 36 gray, 31 black, and 2 auburn. At Hanwell, out of 1000 patients I had only 23 red-haired ones.

* In cases of insanity brought on by the abuse of liquor, it will generally be found that the patient was of a violent temper. M. C., a brother officer of mine, who three times drank himself into a state of lunacy, was of a quarrelsome disposition, constantly embroiled in disputes and fighting

98. Joyous passions rarely bring on insanity. Excess of joy may kill, but scarcely ever deranges the mind. A sudden accession of unexpected fortune may cause insanity, but the sentiment which such an event produces is different from joy; it is a mingled sentiment of surprise, doubt as to the event, and the apprehension of losing the gift of fickle fortune; sudden prosperity, like sudden calamity, astounds and shakes the intellect.*

99. In hereditary predispositions, children born before their parents were attacked with insanity are less liable to the disease than those that came into the world after the malady had been developed.

100. Children of aged parents are more subject to melancholy than others, although their intellects are generally acute.

duels; the disease, however, was hereditary. In most cases of insanity attributable to inebriety, hereditary predisposition can be traced.

* Esquirol mentions the case of a man who fell into a state of dementia on receiving the information of his nomination to a high post of honour; the disease arose from his despair on being obliged to quit a woman he loved. Another person lost his senses after gaining a prize in the lottery; it was not the sudden gift of fortune that deranged his faculties, but the constant apprehension of being robbed.

101. Children subject to convulsions are more subject to hereditary insanity than others. Sudden terror during childhood is frequently followed by insanity towards the age of puberty.

102. Women frightened during their pregnancy frequently bring forth offsprings predisposed to insanity.

103. Injuries of the head are more frequently causes of delirium than of insanity in adults, but in infants and children it frequently predisposes to the disease. There are instances on record, in which an injury of the head has occasioned a peculiarity of character.*

104. The delirium following a blow on the head is frequently mistaken for insanity, as it is marked by symptoms that are considered lucid intervals.

* While injuries of the head are apt to affect the state of mind and produce hebetude, they have been also known to develope latent mental faculties. Cox relates the case of Father Mobellon, who acquired a sudden increase in his understanding after the operation of trepanning. Van Swieten mentions the case of a girl who was imbecile, until the trephine was applied for the removal of a depressed portion of the skull. Haller reports the case of an idiot who was restored to his understanding by a blow on the head.

105. The phenomena of menstruation are closely connected with the mental manifestations; the suppression of the catamenia, or their irregularity, often produces insanity, which not unfrequently is observable immediately after the suppression.

106. Leucorrhœa is not an uncommon cause of insanity, and is usually connected with great uterine excitement; puffiness and swelling of the labiæ, enlargement and great contractility of the clitoris, and the secretion, viscid and clammy, emits a peculiar odour, somewhat resembling that of elder flowers; the urine, turbid and whitish, smells like water in which liver has been boiled. In many of these cases masturbation may be traced.

107. The suppression of an hæmorrhoidal discharge in both sexes has been known to produce insanity.

108. The suppression of acute eruptions, and the sudden disappearance of chilblains, have been precursors of mental aberration, and mania has been observed to supervene after an inflammatory rheumatism had subsided. Profuse bleedings have also given rise to mental diseases.

109. Insanity will often appear during preg-

nancy, but it is chiefly after parturition that this disease is observable.*

110. The delirium that attends the milk fever has been frequently considered as insanity, and there are instances of the crime of infanticide being committed under the excitement of this cerebral disease, when an unfortunate victim of seduction in a frantic moment has destroyed the offspring of her imprudence.†

111. Puerperal insanity generally arises between the fourth and the fifteenth day after childbirth.

112. Although it is difficult to distinguish puerperal madness from other cases of insanity, yet it is in general attended with more or less febrile excitement, and partakes more of the character of delirium. The disturbance of the

* At the Salpêtrière, out of 600 female lunatics, 52 had lost their senses after confinement; and out of 144 patients in the higher classes of society 21 similar cases were observed. Women have been known to become insane after every accouchement. Esquirol states, that in some years the proportion which these cases bears to others was one-tenth and one-twelfth.

† This is a point which is worthy of deep consideration. When an inquest sits upon the body of an infant supposed to have been destroyed by its mother, in many instances it is an act of febrile delirium.

circulation in this malady is a point of the greatest importance, and it is but too often fatal when the pulse is rapid. There is reason to believe, that in these cases there is an absorption of milk in the system, producing a fatal metastasis.*

113. Puerperal madness rarely terminates in permanent insanity.

114. In puerperal madness, frequency of the pulse, great prostration of strength, and considerable restlessness, must be considered alarming symptoms.

115. Puerperal madness is more frequently a consequence of delivery than of suckling.

116. In puerperal fever the balance of circulation is disturbed, and local congestion will be the probable result. This derangement of the circulation seems closely connected with the lacteal and lochial secretions, when, as I have observed, it is probable that these secretions are thrown into the blood-vessels by a morbid absorption.

117. Attacks of puerperal fever are generally

* It is in vain that pathologists deny the existence of disease occasioned by a metastasis of milk; what the French call "*transport de lait*," *lait répandu*. Such cases are much more frequent than is imagined or admitted, but œdematous swelling of the leg is one of its usual symptoms.

ushered in by lowness of spirits; great apprehension of impending evil; the countenance is pale, and betrays great uneasiness; the skin is moist, hot, and soft, the tongue white, the breasts flaccid, the pulse small, quick, and concentrated; there is little or no tension or pain in the abdomen; the head and uterus are occasionally painful, and the patient appears to labour under a monomaniac delirium or mania, rarely betraying symptoms of dementia.*

118. This state is not unfrequently the precursor of frenzy, which generally proves fatal between the third and fourth day of the invasion of the disease, rarely continuing beyond the seventh, whereas puerperal madness will frequently prevail for weeks and months.

119. The impression of cold may be considered the chief cause of puerperal madness; exposure to a draught of air, ablution in cold water, sudden change from a warm room to a lower temperature, frequently produce it: the constriction of the capillary vessels produced by

* The following is the classification of puerperal insanity given by Esquirol in 92 cases.

| | |
|---|---|
| Dementia | 8 |
| Melancholy, or monomania | 35 |
| Mania | 49 |

this cause may tend to occasion a retrocession of the lacteal and lochial secretions. This disease rarely occurs without a suppression or a disturbed secretion of these fluids.*

120. Sudden and imprudent weaning often brings on this species of insanity.† This fact seems to warrant the hypothesis of the milk being absorbed in the system.‡

121. Sudden fright and violent emotion frequently cause puerperal madness.§

* Esquirol states that out of 92 cases of puerperal insanity, 14 cases were the result of physical causes, and 10 of these from the influence of cold.

† Esquirol attributes 19 cases out of the 92 to this cause.

‡ The experiments of Chaussier and Bichat, which showed that after death there was no appearance of milk being effused in the abdomen, are by no means conclusive. Recent experiments have shown that, after the ligature of the mammary vessels in suckling animals, milk has been found in the blood.

§ In ancient Rome a crown was suspended over the door of every woman after childbirth, to point it out as a sacred asylum, placed under the protection of the public. At Haerlem there is a municipal regulation that directs that such dwellings should be distinguished by a particular mark, to keep away intruders or unwelcome visiters. Moral causes of this malady are so frequent, that Esquirol considers 46 cases out of the 92 to have been the result of mental emotions.

122. Puerperal madness is more frequent in females that do not nurse, than in those who perform the duties of a mother.*

123. Although a suppression or a derangement in the secretion of the milk frequently precedes puerperal madness, this is not always observed, and the suppression will occasionally succeed the mental disorder. That a suppression or diminution of these secretions is to a certain extent the cause of puerperal madness, is further confirmed by their being restored to a healthy state as the patient recovers her mental faculties.

124. An immoderate flow of lochia has been known to precede puerperal madness.

125. Puerperal madness has been relieved by a copious discharge of an albuminous secretion from the ear.

126. Before the invasion of puerperal madness, the patient will often complain of a sense of pressure on the rectum—a symptom which, no doubt, arises from uterine sympathies.

127. A complication of epilepsy, with insanity, is a disease that rarely admits either of a cure or relief.

128. Many epileptic lunatics are furious be-

fore and after the fit, but tranquil and rational during their intervals. The form of the complicated affection of the mind varies; but the great majority of the cases are of dementia.*

129. The paroxysm of rage of epileptics generally takes place after the fit, when they are most dangerous and unmanageable.

130. When children are affected with epilepsy, idiocy is frequently observable; after the first attack, at a later period of life, the memory and all the mental faculties become gradually impared, and dementia is the result.

131. Many fits bear an epileptiform character, but do not exactly amount to epilepsy, which may, however, be considered as the probable termination of the disease.

132. Epilepsy must be considered a long and dangerous malady, but rarely fatal in its first attack.

* Out of 339 epileptic, under Esquirol, 12 were affected with monomania, 30 with mania; 145 laboured under dementia; 8 were idiotic, 50 were in general rational, but with defective memory and exalted ideas; 60 betrayed no mental derangement, but were very susceptible, irascible, stubborn, and capricious; 34 were violent, but in three of this number their fury was only manifested after the paroxysm.

133. When epilepsy is hereditary, it may be considered incurable.

134. Epilepsy rarely attacks children who have cutaneous eruptions on the scalp.

135. Epilepsy will disappear for several years, but the patient will relapse when exposed to any exciting cause.

136. Attacks of epilepsy in early infancy are rarely curable, but are incurable if not relieved before the age of puberty.

137. Attacks of epilepsy, from the age of three and four years to the age of ten, may be cured, if attended to in time.

138. Persons attacked with epilepsy towards the age of puberty, will, in all likelihood, be cured when the period is passed.

139. Cases of epilepsy that occur after puberty are not always incurable.

140. Marriage has cured congenital epilepsy, but has aggravated the disease in other cases.

141. An epileptic attack during pregnancy is fraught with danger.

142. As epileptic fits become more frequent and severe in their attacks, the case becomes more perilous

143. Death generally occurs during the state of collapse that follows the fit.

144. Epilepsy complicated with insanity is incurable; and it is to be apprehended that the supposed cures of this complication were merely cases of epileptiform hysteria.*

145. In epilepsy there is no doubt that a sympathetic influence prevails, which may not only bring on an attack in subjects predisposed to the malady, but occasion a fit in persons enjoying good health.

146. Intestinal irritation frequently produces mental aberration: a chronic inflammation of the alimentary canal, the presence of worms, have been considered as the occasional causes of insanity.

* Esquirol states that out of 300 epileptic patients at the Salpétrière upwards of 150 are insane—the same proportion was returned at Bicêtre and Charenton. The furious paroxysms of epileptic lunatics is most formidable and uncontrollable. There are silly Utopians who maintain that lunatic epileptics, who enjoy a lucid interval between the fits, are not proper subjects for an asylum; they forget that the violence of these unfortunates during and after their paroxysms is such as to endanger the life of those around them. The maniacal outbreaks of the epileptics generally succeed the fit, and rarely last more than three or four days.

147. In subjects predisposed to insanity, a perspiration being suddenly checked has been known to develope the disease.

148. The abuse of mercury, opium, and other narcotics, has been known to usher in lunacy.

149. Insanity is continued, intermittent, and remittent.

150. In remittent insanity, the disease assumes various forms, and the apparent remissions seem to be under the influence of both moral and physical agency—the time of day, the season of the year, the irregularity of the catamenia or hemorrhoidal discharge, added to the influence of kind or harsh treatment.

151. Intermittent lunacy is characterised by quotidian, tertian, quartan, monthly and even annual intermissions, when the paroxysms return with singular regularity, although this is not always the case, the attack being more or less irregular, and apparently under the influence of various causes.

152. Lunatics appear to be less disposed to epidemic and endemic diseases than sane persons. The invasion of these maladies has been known to produce a favourable crisis.

153. A profuse bleeding at the nose has

been known to remove insanity; a violent menorrhœa has produced similar results.

154. A powerful sympathy seems to prevail between the brain and the skin; cutaneous eruptions suddenly suppressed, causing insanity, and a reappearance of the disease affording relief, and not unfrequently bringing on a cure; small-pox has restored the mental faculties to a healthy state; but in lunatics this disease generally proves fatal.

155. A sudden flow of tears, and an increased secretion of saliva, have proved favourable, especially in cases of insanity of an hysteric character.

156. A free perspiration is favourable, but clammy partial sweats are symptoms of chronic inflammation of the membrane of the brain, and of the mucous membrane of the intestinal canal.

157. Pthisis pulmonalis is a common complication of insanity. The absence of purulent or muco-purulent expectoration is not a sufficient reason to doubt the existence of consumption, as lunatics are in the habit of swallowing their expectoration.

158. Diarrhœa, when it cannot be easily checked, will most frequently terminate fatally.

159. The pains in particular parts of the body, of which lunatics complain, are frequently imaginary, and arise from some peculiar delusion. Much mischief may accrue from a treatment grounded on such complaints. Lunatics will often point to a supposed wound. One of my patients imagines he is in a sea-fight, closes one of his eyes, maintains that it has been shot out, and swears that his leg has been carried away by a cannon-ball.

160. We have, however, reason to suspect a chronic inflammation of the digestive organs, when patients constantly complain that they have dogs and wild beasts, venomous reptiles gnawing their inside, or that devils or soldiers are constantly fighting in their stomach and bowels. In these cases the countenance of the patient, and the nature of their alvine dejections, must direct our judgment.

161. A diseased state of the uterus may be apprehended, when insane women complain of the devil or some strange object being connected with them, and causing a state of pregnancy: these cases are usually of an hysteric nature, and rarely admit of a permanent cure.

162. The supposed appearance of various imaginary persons and singular forms is frequently

anoptic deception, which ceases in dark ness, or when the eyes are covered.

163. When lunatics refuse food on the plea of its bad taste, bitterness, or other unpleasant qualities, fancying that it is poisonous, this symptom frequently denotes a disordered state of the digestive functions, and the tongue will generally indicate this derangement.

164. The illusions in lunatics seem to depend upon the nature of their delusion, and to arise from an influence of the senses on the *sensorium*, whether this influence is communicated from centre to circumference, or from the sentient periphery of the body to the internal viscera, every sense being occasionally brought into a morbid action.

165. Illusions differ from hallucinations or visions, which only appear to affect the brain in a transient manner. This difference, which is of great practical importance, is difficult to ascertain or define. Illusions are not unfrequently caused by local diseased action.

166. The delirium of fever has not unfrequently been mistaken for an attack of insanity. There is a wide difference between these anormal conditions. In delirium, although the ravings of the patient partake of the character of

insanity, and the sequence of ideas is disturbed, the ideas, though erroneous, are definite: in madness they have no logical relation, nor do they involve any series of ideas.

167. The furious paroxysm of maniacs, although alarming, is of no great importance when it is followed by a calm state, and does not break their night-rest. It is essential to ascertain whether these violent outbreaks are symptoms of the malady, or arise from the excitement of external irritation. The physical treatment which might relieve the brainular excitement would only increase the violence, if the excitement is occasioned by a supposed or actual ill usage or harsh management.

168. When this state of violence and unmanageable fury is incessant, we may suspect an organic injury, and very frequently an anormal enlargement of some part of the cranium is detected after death; the membranes of the brain, in all probability, will also be found inflamed. In these cases, want of rest, deficient powers of digestion, gradually reduce the patient, until his voice, once loud and stentorian, becomes hoarse and veiled, and he sinks in a state of extreme exhaustion. Death from exhaustion, produced by constant excitement, is a common termination of mania.

169. Fury is to be considered an accidental symptom, and is not a pathognomonic characteristic of any particular form of madness. It is observed in mania, in dementia, and occasionally even in idiocy, when the patient is disappointed or deprived of a favourite bauble.*

170. Paroxysms of rage are generally observed in the sanguine and the bilious-nervous temperament; these explosions seem also to be under the influence of atmospheric temperature and the prevalence of certain winds, more especially from the easterly quarter, which, in the nervous and leuco-phlegmatic temperament, induce greater despondency and melancholic depression.

171. An attack of fever has been often known to prove critical in the cure of insanity, and appears to arise from a salutary reaction.

172. The appearance of boils, eruptions on the skin, its becoming ulcerated, especially on the legs, may frequently be considered as salutary: an eruption of the skin has frequently been followed by a rapid convalescence, a sudden tumefaction of the parotid and sub-maxillary

* Heinroth and Pritchard are of a different opinion, although daily experience in a large establishment confirms my assertion, in which Esquirol coincides.

glands is also favourable, and suppuration should be encouraged.

173. A profuse perspiration and a sudden copious emission of sperm have been known to prove critical: a profuse leucorrhœa has been also observed to relieve mental incoherency with surprising rapidity.

174. Although coition, in female lunatics, has been known to relieve the mental derangement, yet it cannot be considered as likely to prove salutary; for pregnancy, notwithstanding the revolution it operates in the whole system, has rarely been observed to effect a cure.*

175. Monomania, more especially when of a melancholy character, is perhaps the most unmanageable form of insanity. It generally arises from an indulgence of reveries and speculative hopes and fears, doubts and desires, which, ceasing to be under the restraint of reflection and judgment, assume at last a morbid ascendency.

176. Monomania is more frequent in subjects of a vivid apprehension and great impression-

* Castration has been known to cure a lunatic; but these instances of strange recoveries cannot be considered as leading to any general practical conclusion, and can only be viewed as cases of powerful revulsion.

ability, and is generally the result of an imprudent indulgence in the vagaries of the imagination.

177. Deep study of any particular science—the ardent pursuit of any desirable object, the loss of the power of will in drawing the mind from its constant train of thought, may be considered as the frequent causes of monomania.

178. Regret and repentance, exaggerated by a morbid apprehension for the future, or fear for the present, contribute to develope this malady. The patient fancies that he has forfeited every hope of bliss in this world by the loss of the object of his affection, or of happiness in an after state, from the commission of imaginary sins. This condition characterises the gloomy monomaniac.

179. In other cases, intensity of indulgence in a morbid train of thought leads the patient to imagine that he has attained the summit of his ambitious views; he has borne off the palm of victory, obtained a conqueror's diadem, communed with the Deity, or been crowned by Apollo and the Muses; his mind is so engaged with those brilliant hallucinations and occasional

visions, that it can no longer cast off the shackles that confine it within the morbid circle of false perception, revelling in fairy dreams.*

180. Monomania is the result of civilisation, which in its progress necessarily developes artificial passions grafted upon natural propensities. Hence will monomania vary in character with the prevalent ideas and circumstances of the times, under the influence of fashion, and the state of society.†

181. Melancholy differs widely from hypochondria. In the first malady the intuitive train of thought is constant and exclusive, permanently and ardently indulged in, and accompanied with fear and apprehension of future evil. In hypochondriasis there is dyspepsia, and the mental aberration generally refers to the physical con-

* Rush has called the gloomy monomania *tristomania*, and the gay monomania *amenomania*—an ingenious distinction.

† Esquirol observes, that since religion has lost its influence on the minds of the people, demonomania and religious delusions are no longer observable; and governments, to preserve tranquillity, having been obliged to have recourse to police precautions, fears of the magistracy have succeeded those of divine wrath, and madhouses are filled with patients who fancy that they are pursued and persecuted by legal authorities.

dition of the patient. In monomania, the ravings partake of the character of delirium; not so in hypochondria, where the mental aberration, although dwelling on a particular apprehension, may be diverted into other channels by contending hopes and fears.*

182. When the features of the monomaniac bear the cast-iron impress of terror and melancholy, there is no hope of recovery; but when the features are occasionally relaxed from their rigidity, hope may be entertained; an obliquity in the look, and constant side-glances, are also of bad character.

183. Constant biting of the nails, attempts to scratch and tear the skin, a sudden halt in walking, stopping and apparently listening to some sounds, &c., are most unfavourable symptoms.

184. Melancholia is more prevalent in summer than in winter. During the warm weather not only is mental exaltation more vivid, but excesses in living are more apt to excite with greater energy.

185. Melancholia is rarely observed between the age of twenty-five to thirty-five, very rarely after fifty-five. In youth the passions are more

* Melancholy monomania, however, is frequently preceded by hypochondria.

transitory, and the cares of life are not felt so sensibly as in adults; yet will disappointment in love, in studious pursuits, and ambitious hopes, ever associated with vanity, and religious doubts and speculations, often derange the intellect in youth; but it is more subject to aberration when the imagination is less active, when the mind ponders with more intensity upon surrounding difficulties, and wanders in the reveries of a dismal futurity. In advanced age, man has become inured to disappointment, and has received so many philosophic lessons in the school of life, that he only wonders that he ever could have wondered at any worldly occurrence.

186. Women are more subject to melancholy impressions than men; their sedentary occupations, the powerful uterine sympathies that constantly act and react on their nervous system, their ready impressionability, added to the circumstance of their being essentially illogical, more naturally predispose them to mental depression. Religion and love, two sentiments closely akin, are the principal sources of their melancholic monomania. After these two causes, pride or offended vanity exercise a mighty influence, though pride and vanity may be considered as the usual attendants upon love.

187. A disposition to court solitude, and ascetic ideas, are the precursors of melancholic monomania; labour, and an active course of life, are opposed to its influence.*

188. Long fasting, great debility, whatever may be its causes, predispose to this form of insanity, which is also frequently preceded by indigestion and irregularities in living.

189. Melancholy monomania is the form of insanity which masturbation is most likely to bring on.

190. This disease is sometimes followed by mania, but more generally by dementia. In the latter case the predominant idea still prevails, but it is expressed with incoherence and wandering, instead of being maintained with pertinacity as a confirmed conviction.

191. Melancholia is more frequently complicated with disease of the lungs and displacement of the colon. Out of one hundred and sixty-eight fatal cases Esquirol only detected fourteen in which any anormal condition of the brain could be discovered. Sympathies with the diges-

* Esquirol is of opinion that musicians, poets, actors, merchants who have engaged in perilous speculations, are the persons most subject to this disease; he states that he has been consulted by more than twenty theatrical performers. This has not been observed in England.

tive organs not only precede but accompany the development of the disease.

192. Women are more subject to demonomania than men. With them it is generally complicated with hysteria.

193. Whatever may be the cause of the phenomenon, when demonomaniac women are plunged into a bath, and invariably rise to the surface of the water, the case may be considered of an obstinate nature.

194. Monomaniacs are more prone to commit suicide than any other lunatics.

195. The propensity to suicide is very often combined with the impulse to commit homicide.

196. Suicidal propensities are known to be frequently hereditary.

197. Suicidal insanity appears to prevail under the peculiar influence of certain seasons and temperature, more frequently in summer and in autumn, and in warm and sultry weather, especially previous to a storm.

198. The propensity to suicide appears to be a moral perversion, in which the strongest instinct of nature, self-preservation, is subverted.

199. That suicidal impulses arise from a moral perversion is evident from its having prevailed amongst certain sects and classes of enthusiasts, victims of erroneous impressions, and proselytes

of ambitious impostors, or ecstatic madmen. It could scarcely be maintained, that the sectarians of any particular schismatic doctrine should all labour under the influence of physical causes, while nations and tribes have considered the sacrifice of life welcome to the Deity, and a praiseworthy action.

200. Suicide may be considered the result of a physical disease, when it arises from an outbreak of the passions. Thus individuals of a sanguineous temperament, irascible in their temper, are more prone to commit this act when labouring under a temporary delirium. Such cases may be called *acute suicide.* In the nervous and bilious temperament the propensity assumes a *chronic* character. Jealousy, hatred, revenge, are at work, and the crime is the result of calculation, premeditated and indulged in for a considerable time. In these cases it is no easy matter to seek to attribute the commission of suicide or homicide to insanity, and indeed such a conclusion would be most unjust, since it would affix on the surviving family the stigma of lunacy.

201. The propensity to suicide, resulting from hypochondriacal fears, is very difficult to manage; such unfortunate beings are afraid to die, and

yet have not sufficient courage to live. Impatience of moral sufferings predisposes to suicide.*

202. Hatred of life and distaste of life are two sentiments widely different. In the one case there exists a constant excitement, an acute irritability, and morbid sensibility; the other is a case of *tædium vitæ*, a disgust of everything around the sufferer—a perpetual sense of *ennui*, and an apathetic indifference. It is clear that the moral treatment of such patients must differ as much as the form of their disease: both require excitement, but of a particular character.

203. The distaste of life is generally a symptom of hypochondriasm, causing moral perver-

* A friend of the author's, Dr. ——, a man of sound judgment, and considered of a strong mind, was received with evident coolness by the general officer commanding the division to which he had been sent. In the course of the night he opened the crural artery with one of his scalpels, and bled to death. This was an act of temporary delirium.

Amongst insane prostitutes, Esquirol observed that 10 out of 36, labouring under melancholia, evinced an inclination to destroy themselves. Out of 105 of these unfortunate creatures, 36 laboured under melancholy, 43 were maniacal, 18 fatuous, and 8 without any particular form of lunacy. Their ideas generally turned on topics of ambition, honour, or riches; very rarely were their aberrations of an erotic nature.

sion. Offended pride and vanity may be considered a frequent cause of this rash act.

204. Much analogy is observed in cases of suicidal insanity, and not uncommonly homicide of a most appalling nature will precede the act of self-destruction. What is still more singular, mutual suicide is not uncommon, when two persons have argued themselves into a contempt of life, and either destroyed each other, or put an end to their existence in the presence of their companion.*

205. The propensity to commit suicide is more generally observed between the ages of twenty and thirty, and men are more liable to its fatal influence than women, in the proportion of three to one. Men have recourse to the halter, the

* Richard Smith was a man of property, but becoming poor from a series of losses and disappointments, and having a wife and child whom he was unable to support, persuaded his wife to terminate their misery by suicide. They first cut the throat of their infant, and then hanged themselves to the bed-post, leaving the following document. "*We believe that God will forgive us—we quitted this life because we were miserable, and deprived of the means of living, and we have destroyed our only child from the apprehension of his living to become as wretched as ourselves.*" Strange to say, these desperate people, who murdered their child, recommended their dog and cat to the protection of a kind friend!

pistol, or the knife; women to drowning, hanging, starvation, and poison. Most of these unfortunates make use of the ready means afforded to them by their trade: thus a barber will cut his throat with his razor; a surgeon will open an artery with a scalpel; a shoemaker with his leather-cutter; a soldier will use his musket or his pistol; a sportsman his fowling-piece.

206. When attempts to commit suicide appear to be the result of a determined premeditation, and frequent means to effect the fatal purpose are resorted to, the case may be considered incurable;* and here the tendency to the act has originated antecedently to the delirium during which it was perpetrated.

* One man, who was rescued from the river, jumped in shortly after, having filled his pockets with stones to sink him immediately; another person has wounded himself with a dagger, on the parapet of the bridge, previous to his plunging in the river; and another, saved from a watery grave, has thrown himself down from a steeple. The stern resolve to commit suicide is sometimes so invincible, that a woman has been known to cast herself four times in a well. In Waterford I was called to see a young girl, a servant, who, being accused of theft, actually suffocated herself in a pail of water; she was found on her knees, with her head plunged in the bucket. It is surprising that the first sensation of suffocation did not rouse the instinctive faculties of self-preservation to withdraw her head!

207. Idiotism is a state in which the mental faculties have been deficient from birth, and is more or less a congenital condition.

208. Fatuity is in general the result of other forms of insanity, more especially of dementia. Great errors have arisen from confounding *dementia* with fatuity; since incoherence is far from constituting a fatuous state of mind.

209. Imbecility differs from idiotism, inasmuch that in imbecile persons there is merely a deficiency in the intellectual powers, and a limited capacity of action; they occasionally display some indications of mind, and are more or less susceptible of lively impressions and attachments; nor in these cases is malconformation observable. Imbecile persons are also frequently remarkable for the acuteness of their intelligence and shrewdness of observation.* The idiot, on the contrary, is an unfortunate being, deprived of all intellectual discrimination, and

* Such were the "fools" formerly attached to the court, many of whom displayed no inconsiderable share of knavery. Both imbeciles and idiots are remarkably salacious and given to masturbation. The fondness of idiots to music, and the correctness of the ear, are surprising. This influence of music appears to strike sympathetic chords in every animated being; some insects and reptiles have been observed to be subject to its powers.

solely obeying the dictates of instinct: the imbecile may be called *silly*, the idiot *stupid*.*

210. Fatuity is not unfrequently the result of the morbid impulses of the passions, when the mind, absorbed by one idea, cannot be drawn from a particular train of thought, the delusions of wrong associations, and an unsubdued imagination.

211. Fatuity may be the result of too great an activity of the imagination, ranging at random from one object to another, until the mental faculties cease to appreciate their relations, and gradually sink into a state of apathetic torpor.

212. Idiots are usually deformed in person: the head either too large or too small, and flattened laterally, behind, or before. Their gait is awkward and unsteady; they have thick lips, wide gaping mouths, whence the saliva is continually dribbling; their eyes are haggard, vacant, and blinking; the sense of taste and smelling depraved; their articulation difficult, and frequently unintelligible; memory, judgment, and reflection have lost their power.

213. A malconformation of the cranium is so

* For the study of the gradations of intellectual weakness, the works of Hoffbauer must be consulted.

generally observed in idiots, that it may be considered as the cause of their condition.*

214. Idiotism has been observed after the subsidence of cutaneous eruption, especially on the scalp; it has also succeeded the convulsions of dentition.

215. Although the existence of the idiot may be considered vegetative, yet he is frequently subject to violent fits of passion when disappointed in his desires. Joy, fear, and danger are the sentiments that mostly affect him.†

216. Idiots prefer light to obscurity, and are sometimes miserable when in a dark place.

217. A limited power of ratiocination is observable in some idiots, who show an aptitude for mechanical employments and arithmetical calculations, without any corresponding evolutions of the mental faculties.

218. Fatuity is frequently the effect of apoplexy, and of an alteration in the texture of the

* Couerbe has observed, that the brains of idiots contain less phosphorus than those of intellectual persons.

† In Ross-shire, two of these unfortunates fought with such desperation, that one of them died of his wounds, and the other was committed to prison. The horror occasioned by the drinking of human blood has been known, according to Sennert, to produce idiotism.

membrane of the brain, resulting from chronic inflammation. Fatuity is slow and insidious in its progress.*

219. Fatuity may be generally considered as incurable; out of five hundred and eighteen cases at Charenton, only four fatuous cures were returned.

220. There are few instances of idiots arriving at an advanced age; they seldom live until the thirtieth year; and of those who are epileptic or paralytic, the greater number die between the age of twenty and twenty-five.

221. Idiotism has resulted from an improper treatment of progressive fatuity, and chiefly by abstraction of blood.

222. Cases of idiotism have been observed, in which the conformation of the cranium and face resembled that of peculiar animals, whose habits the patients imitated instinctively.†

* Dr. Browne has justly observed, that "half a lifetime may elapse, marked by gradually increased inconsistencies and imbecility, which are kindly attributed to humour or eccentricity, before the understanding is suspected to be undermined, or the glaring approach of a second childishness be more than surmised. The decay steals on us as insensibly as the approach of old age."

† Pinel relates the case of a young idiotic girl, whose head resembled that of a sheep, and whose mode of living and habits resembled those of that animal. She would

223. Sudden moral emotions have developed idiocy in many instances, and it has been caused by a sudden suppression of the catamenia in young females.

224. Violent paroxysms of mania have been known to cure idiocy.

225. Senile imbecility, or the dotage of old age, is generally incurable.

226. Madness, like injuries in the head, has been known to develope, upon recovery, faculties that were not suspected before the invasion of the disease. A celebrated dramatic performer only became conscious of his professional calling on the subsidence of insanity brought on by excessive grief.

only eat vegetables; when spoken to, could only articulate, "*Bé ma tante*," and expressed her gratitude and delight by rubbing her head against the stomach of persons who had pleased her, and her anger by offering to butt those who had vexed her. She never could be brought to sit down, and would lie down to sleep on the ground, gathered up like a sheep; her back, shoulders, and loins were covered with a sort of black wool.

# PART II.

## NECROSCOPIC RESEARCHES

227. The labours of anatomists, in their post-mortem examinations of the bodies of lunatics, have not thrown any light on the causes of the disease, as the anormal appearances in the cavities have not been shown to have been evident causes or effects arising from functional disturbances.

228. Morbid changes have been exhibited in the head; yet anormal appearances of a much more extensive, and one might say vital character, have been frequently observed, without any derangement of the intellectual faculties.

229. Of the morbid alteration in the brain and its membranes it must be observed, that as all mental exertions increase the determination of blood to the encephalon, a long continuance of

this excitement must be expected to produce some changes in the structure of this delicate organ.

230. The same may be remarked of the morbid appearances in the abdominal viscera; the sympathies that exist between the condition of the mental faculties and the digestive functions are so powerful, that it can scarcely be expected that the functions of assimilation will be performed in a healthy manner, while the whole system partakes of the general functional derangements.

231. Greding, whose researches have been most extensive, has found that the skulls of almost all insane persons have a natural shape. In sixteen cases only out of two hundred and twenty, the forehead was contracted, the temple compressed, and the occiput large and expanded. The dura mater and pia mater were, in most cases of mania, thickened in their texture. In about one half of the cases, the cerebral substance was softer than usual, soft and pulpy in mania, melancholia, epilepsy, and idiocy: in cases of mania the cerebellum was softer than the cerebrum. It may be expected that increased vascular action, and a torpor in the absorbents, might increase the serous accumulation

in this organ, and render it soft and pulpy; therefore effusions in the ventricles, and between the membranes, are very frequently met with. The plexus choroides was generally found in an anormal state; in ninety-six cases of mania out of a hundred, thickened and full of hydatids.*

232. Haslam, in thirty-seven cases, found that in not one of them were the brain and its membranes free from morbid appearances.

233. Georget has found irregular conformations of the cranium, the prominences of which were irregularly developed;—dura mater rarely changed, but sometimes adhering to the skull, thickened, and containing deposits of bone; pia mater injected; volume of the brain sometimes less than the cavity of the cranium might be expected to contain; some brains hard, some perfectly soft; the convolutions separated by serosity; the pia mater thickened, ventricles sometimes large, and at others times small, not unfrequently filled with a serous fluid; plexus choroides exsanguined, and containing hydatiform vesicles, partial softenings and erosions of the brain; ce-

* In maniacal cases the skull is frequently very thick without diploe; in melancholia, on the contrary, the cranium is often thin and transparent in several parts, especially in the parietal bones.

rebellum generally softer than the cerebrum; mesocephalon, medulla oblongata, and medulla spinalis, rarely displaying morbid changes of structure.

234. The indefatigable and illustrious Pinel came to the conclusion that the phenomena displayed in the heads of lunatics were similar to those which occur in other cerebral diseases, and gave up the hope of elucidating the pathology of mental derangement by necroscopic research.

235. The justly celebrated practitioner Esquirol was inclined to partake of the opinion of Pinel.*

236. Bayle has endeavoured to establish a new

* He says, that the lesions of the encephalon are neither in relation to the disorder of the mind, nor to the maladies complicated with it; and what disconcerts all our theories, is, that not unfrequently, even in the instances of patients who have passed through all the stages of insanity, and have lived many years under derangement, no organic changes whatever have been traced either in the brain or its membranes. Experience also proves, that in every dissection of the brain, accurately carried on according to Solly's admirable method, in cases in which no insanity existed, anormal changes will be constantly found. This circumstance I had frequent opportunities to observe in the General Hospital at Chatham, in subjects returned from long service in tropical climes.

doctrine of insanity in his anatomical researches. The proximate cause of the disease he considers to be an inflammation of the meninges, producing an increased exhalation of serosity and consequent pressure on the brain by infiltration and effusion. Calmeil, with much industry of research, has impugned this doctrine.

237. Foville has carried on autopsic researches on the state of the brain with much accuracy of observation, and has come to the conclusion, that morbid changes in the cortical substance are connected with intellectual derangement, but that morbid changes in the white substance are more frequently exhibited in disorders in the motive powers.

238. Diseases of the lungs are very general in insanity, especially in melancholic patients; and Esquirol computes, that, in one fourth of the cases of insanity, disease in the thoracic viscera is detected. Phthisis is a common disease amongst the insane, although not observed during lifetime, as the patient neither coughs nor spits, but swallows the expectorated matter: these patients gradually sink, and are supposed to die of exhaustion.

239. Diseases of the heart are occasionally found, but there is not sufficient ground to con-

sider them in any way connected with insanity, not being more frequently observed than in the general cases of hypochondriasis.

240. Traces of chronic inflammation of the intestinal canal are frequently observed—the transverse arch of the colon is also often displaced, in some cases as low as the pelvis; contraction of the sigmoid flexure of that intestine is also of frequent occurrence; but in these cases the coats of the colon do not exhibit any mark of disease.*

* This displacement of the colon was found in 33 bodies of melancholic patients out of 168. Georget attributes it to a relaxed state of the peritoneal folds which support the intestines in their situation. I should be inclined to attribute their appearance to long constipation, so frequently attendant upon insanity, especially in cases of mania and melancholia; the weight of the hardened scybala retained in the colon would be sufficient to produce this bearing down. In support of this opinion, I may remark, that constrictions, though frequently detected in the descending portion of the gut, are scarcely ever observed in the ascending part. The quantity and hardness of the scybala evacuated by purgatives from insane patients is sometimes amazing. Esquirol seems inclined towards this opinion. The opinion of Guislain, who attributes this displacement to inflammation, is not supported by *post mortem* observation. This displacement of the colon has been also noted by Desgenettes, Ballin, Heuze. Not only in insanity are the in-

241. The liver is rarely found diseased. The sympathetic influence of this viscus does not appear to be connected with any organic lesion of its structure, and the morbid action of the bile in the system is foreign to the organ that secreted it: injuries of the head and mental disorders may occasion a diseased state of the liver, but I apprehend that idiopathic hepatitis is rarely, if ever, a cause of insanity.

242. From the preceding observations we may come to the following general corollaries:

i. Malconformation of the cranium is only observed in idiots and imbeciles.

ii. Morbid appearances of the brain and its membranes are chiefly observed in cases of insanity complicated with paralysis, epilepsy, or epileptiform convulsions, or arising from the nature of the disease that terminated the patient's existence.

iii. Sanguineous and serous effusions, injections and infiltrations, that are found in the cranial cavity, the thickening of the meninges, their adhesion with each other or the cranium, the partial or general ramollissement of the brain, or its den-

testines frequently found infarcted with fæces, but this accumulation has been observed in the appendix of the cæcum.

sity, may be considered to indicate a condition of the organ arising from effects of insanity, or from the complication of other disorders.

iv. The morbid changes in the thorax, the abdomen, and the pelvis, are most probably independent of insanity, although these alterations may show the original point of departure of mental associations, by exhibiting the organic disturbance which first acted sympathetically upon the brain.

v. All the organic lesions found in the insane, may be also observed in subjects who had been free from mental alienation.

vi. Numerous *post mortem* examinations have not detected any anormal appearances, although insanity had existed for many years.

vii. Morbid anatomy frequently exhibits alterations in the encephalon, of the most vital importance, such as suppuration, gangrene, &c., without any derangement of the intellectual faculties.

viii. From these remarks we may come to the following conclusion,—that madness may arise from some unknown modification in the brain that does not originate in this organ, but from other focuses of sensibility, placed in different regions of the system, in the same manner as a disturbance in the circulation may arise without

any previous lesion of the heart, but from some other point of the sanguineous distribution.*

* Esquirol terminates his remarks on this subject by the following important conclusion. "To cure madness, it is no more requisite to know the nature of the disorder, than to know the nature of pain for the purpose of successfully relieving its agonies. The necroscopic researches of Morgagni, Greding, Meckel, Rochoux, Rostan, Lallemand, Bouillard, Abercrombie, Foville, Bayle, Calmeil, &c., have only exhibited organic lesions of the encephalon, revealed by a disturbance on the functions of sensibility and myotility; and whatever light their labours may have shed on the diseases of the brain and the meninges, the mystery of the mind, and the condition of its manifestations, continue to be impenetrable. The labours of physiology and metaphysics have not been more successful than those of pathologic anatomy."

My own experience, during which I have examined or been present at the examination of upwards of 130 bodies of diseased lunatics, has, I am sorry to say, led me to a similar conclusion; and, with the exception of five cases in which there was a morbid growth of bone or exostosis bearing upon the brain, I have not met with a case in which the lesion of any viscera could be considered as the evident cause of the disease. In cases of serous infiltration, and slight effusion in the ventricles, it is more than probable that these phenomena occurred in *articulo mortis*, or at least on the approach of death, when the equilibrious action of the exhalants and absorbents was destroyed. If serous pressure is to be considered a cause of lunacy, we might expect to find it in every case of hydrocephalus or cranial

243. From the foregoing observations it is obvious, that in medical jurisprudence, necroscopic investigation cannot be admitted as evidence of the state of mind of the deceased.

244. In a practical point of view, we must consider any theory on which might be founded a course of treatment deduced from necroscopic researches, as fraught with mischief. It is unfortunately but too true, that theorists, in support of their doctrines, will often seek to prop them by practical experiments; and if experiments may be excusable in any case, most unquestionably a lunatic is a being sufficiently miserable already, not to be subjected to speculative investigations, and their consequent errors, which he has not the power of objecting to or resisting, and of which his relations and friends most likely have no cognizance.

depression. Magendie asserts that idiocy has been known to arise from the entrance of the fourth ventricle being closed by an osseous tumour, projecting from the basilar process of the occipital bone, forcing up the soft parts in contact with it.

# BOOK III.

## TREATMENT OF INSANITY.

245. The treatment of the insane comprehends the moral management of the patient, combined with such therapeutic means as may be indicated by predominant symptoms.

### MORAL TREATMENT.

246. It is most essential to discover, if possible, the nature of the mental impressions that may have developed the disease, as upon this much of the moral treatment must be founded. It will be equally desirable to ascertain the nature of the physical causes, when such causes are suspected.

247. Whatever may have been the cause of insanity, it is essential that the insane should be immediately removed from their families, and placed under the immediate control and constant surveillance of a medical practitioner, experienced in the treatment and management of the disease. There is no disease that requires more constant attention in its early stages than insanity.

The medical attendant's vigilance should be incessant in watching every favourable opportunity of breaking the links of the morbid catenation, to obtain the patients' confidence, overcome their resistance to curative means, and subject them to an appropriate regimen and occupation of mind and body.

248. Since it has been found that upwards of eighty insane patients in the hundred can be restored to the enjoyment of their mental faculties, when the malady is treated in its earliest stages, we may consider insanity as a disease as likely to be relieved as any other affection.

249. Although the patients should be secluded and separated from all objects that might be suspected to have excited the disease, and persons who might continue to irritate them, yet it must be recollected that man is essentially a gregareous being, even when labouring under mental delusion, and not induced by melancholy to shun all intercourse with those around him; the insane should therefore be allowed the enjoyment of as much company, entertainment, and occupation, as their state of mind can safely permit, without injury to themselves and others.

250. The apprehensions entertained of injury

arising from lunatics associating with each other are not founded upon experience, and it is probable that more cures are effected in an asylum, than will be obtained by seclusion in private life. A lunatic, although conscious that he is an inmate of a madhouse, soon becomes reconciled to his situation, and finds means of occupation and distraction in associating with other patients, whose mental aberrance will often become the subject of his conversation, and not unfrequently of his mirth. He believes himself to be sane, unjustly deprived of his liberty, and will occasionally advise his superintendent to employ various means to relieve his insane companions, whose condition he commiserates. Thus do we find that many insane persons will, in the kindest and most intelligent manner, relieve their fellow-sufferers when labouring under disease. Total seclusion and solitude are rarely requisite, and in general injurious.*

251. It is obvious that, as far as circumstances allow, a proper classification of the insane in a

* It is well known that patients discharged from an asylum, on the approach of a fresh attack, have come to request re-admission—a convincing proof that they do not look upon these establishments with the horror they are generally supposed to entertain of them. Instances are not uncommon of lunatics returning after having effected their escape.

public or private institution is desirable. But their classification, which is frequently a theoretic speculation, need not be extended to the many ramifications that have been proposed by book practitioners. In a large establishment the following classification will be found sufficient:—

1. The turbulent and noisy maniacs.

2. The dirty, indolent, and slovenly; demented cases not idiotic.

3. The quiet, tractable, and cleanly.

4. The epileptic.

5. The paralytic.

6. The convalescent, and patients enjoying lucid intervals.

It is obvious that in this classification much discrimination is required on the part of the medical attendant.*

* The following is the classification proposed by Desportes:—

1. Furious lunatics under treatment.
2. Furious lunatics incurable.
3. Tranquil lunatics under treatment, and sleeping in cells.
4. Tranquil lunatics incurable, and in cells.
5. Furious epileptics.
6. Tranquil epileptics.
7. Quiet lunatics, sleeping in wards.
8. Quiet incurable lunatics, in wards.
9. Melancholic
10. Idiotic.

252. According to the circumstances of the patients, they should be abstracted from all morbid impressions and associations connected with their mental aberrations.

253. To carry this moral treatment into effect, it is urgent that the medical superintendent, in addition to professional skill and experience in the treatment of the insane, should be a man of a philosophical turn of mind, and as well versed in the lore of physiology as in the study of psychology. He should have an intimate acquaintance with the different grades of society, and possess such general knowledge as will enable him to converse with his patients on most subjects on which their mind is liable to wander. He should be acquainted with the tenets of various sectarians, the nature and technicalities of the different professions, and the habits of different provinces and countries, to which it were desirable that a knowledge of foreign languages was added. Such general information is most invaluable in the treatment of the insane.

11. Sick lunatics in the infirmary.

12. Convalescents.

In the classification of lunatics, great care should be taken to separate those who may be allowed to see visitors, from those patients to whom such an indulgence cannot be granted.

254. Occupation of mind and body, according to former habits, should be afforded, and constant exercise enforced. Gardening and various agricultural works are particularly to be resorted to; tradesmen and operatives employed in their former pursuits, and trades taught to those who were never brought up to any profession.*

255. While we select means of amusing the patients, much discrimination and judgment is

* In the Armagh asylum thirteen acres of ground are attached to the establishment. All the linen used is woven by the patients, who make their own clothes. When the Hanwell asylum was under my superintendence, the following was the distribution of the patients.

| Males. | | Females. | |
|---|---|---|---|
| Garden & Agriculture | 45 | Garden | 24 |
| Helpers | 44 | Laundry | 36 |
| Picking Coir | 40 | Kitchen and Dairy | 16 |
| Carpenters | 6 | Helpers | 31 |
| Tailors | 11 | Picking Coir | 116 |
| Shoemakers | 14 | Needlework | 132 |
| Brushmakers | 2 | Twine and Brushes | 3 |
| Bricklayers | 4 | | |
| Painters | 5 | | 358 |
| Clerks | 2 | Unemployed | 90 |
| | | Sick | 21 |
| | 173 | | |
| Unemployed | 151 | | 469 |
| Sick | 14 | | |
| | 333 | | |

required. Music, dancing, and various games, which may prove beneficial to many, are frequently of too exciting a nature to be allowed; the same judgment is requisite in the choice of books, &c.*

256. The aberration of the insane, and their absurd conversation, should never become subjects of mirth or derision. The insane should rarely be contradicted, while we gradually endeavour to draw them from their delusive train of thinking; great versatility is required in our conversation with them, and we should endeavour to fly from one subject to another, until we can find some topic foreign to their delusions, which seems to gratify them.†

* A young man, stated to be incurable, was placed under my care. He was labouring under furious mania, and brought to me in a strait waistcoat as a dangerous lunatic. He was freed from restraint, became tractable, and read the Bible. I observed that he chiefly selected the historical and apocryphal parts of the Scriptures. His features, which had been fierce and harsh, gradually relaxed in severity—he occasionally smiled. He had been employed in the wine trade; I asked him how he adulterated his wines: the question seemed to amuse him. I placed Smollett's Roderick Random in his hands; he laughed heartily as he was reading it. His cure was soon effected, his moral management being aided by a proper therapeutic treatment.

† The common saying, "It is easier to flatter fools than fight them," is most applicable to the insane; their foible

257. Except in cases of violent mania, restraint is rarely necessary; unless it be to prevent the mischievous idiot and the maniac from destroying property, when gentle restraint is required to prevent them from constantly tearing their clothes and bedding, or breaking the window-panes, or anything they can lay hold of. It may, however, be occasionally employed as a punisment, the dread of which keeps many lunatics in order.*

258. Strait waistcoats are in every respect objectionable; whether the sleeves are tied behind or before, respiration is impeded. Sleeves of canvass, by means of which the arms are kept loose alongside of the body, are preferable. Leather muffs, which only confine the hands, are useful with mischievous patients who are always tearing or destroying their clothes or bedding.

and their fancies must be indulged. It is only in cases of religious monomania where opposition, wisely managed, may be resorted to.

* Nothing can be more absurd, speculative, or peculative, than the attempts of theoretic visionaries, or candidates for popular praise, to do away with all restraint. Desirable as such a management might be, it can never prevail without much danger to personal security, and a useless waste and dilapidation of property.

A restraint chair, in which the patient is seated, without any other coercive means, will be found advantageous; the patients have the free use of their arms and hands, and are only prevented from roving about, and committing mischief.

259. *Muffling*, as it is called by keepers, which consists in tying a cloth over the patent's head and mouth, is a practice that should not be allowed.*

260. The influence of fear will be found to aggravate lunacy, instead of keeping the patient under proper discipline. The utmost kindness will be found far preferable; but while we are kind to these unfortunates, a certain degree of firmness in keeping them in order is absolutely necessary.

261. We should endeavour not to promise a patient anything that we cannot grant, or that it would be improper to comply with; at the same time we should endeavour not to irritate them by a positive refusal; but elude their demands with address.

262. When restraint is absolutely necessary, it should be enforced by the keeper, after having been ordered or allowed by the superintendent.

* This subject will be resumed under the head of "Lunatic Asylums."

Keepers must be held in some awe; but the physician should endeavour to rule by gentle means, and when a patient is taken out of restraint, it should be invariably done by his medical attendant.

263. Politeness of manner is essential in the treatment of the insane, who are singularly alive to any breach of decorum or urbanity.*

264. The most punctual regularity in all the duties performed in an asylum is essential to maintain a proper discipline among the patients, as it gradually reconciles them to a system to which they had not been previously accustomed.

265. In allowing the relatives and friends of patients to visit them, much judgment is required. The physician alone should discriminate when granting this indulgence. The same may be said of casual visiters, who should only be permitted to enter those parts of the establishment where their appearance and idle curiosity may not produce excitement.

* Lunatics often entertain a high sense of honour and delicacy; this feeling should always be flattered; and I have met with patients whom restraint could not keep in order, but who became manageable, after pledging themselves to remain quiet. The morose will frequently feel much gratified by such marks of confidence, and will boast of it, not only to their keepers, but to their companions in misfortune.

267. It is generally imprudent to allow children to visit female lunatics, as their presence will frequently occasion most distressing associations amongst those patients who may have been mothers. Clergymen and officers in uniform should be admitted with caution, and female visiters gaily dressed and wearing trinkets frequently cause much excitement among female lunatics.

268. The relatives and friends of a patient should only be allowed to visit them in the presence of their medical attendant. The revival of certain subjects has frequently occasioned fresh excitement.*

269. The insane should, no doubt, be allowed all the comforts that religion can afford; but their chaplain's visits should be under the control of their physician. In many instances a mistaken

* A young girl, who had unfortunately been thrown upon the town, was in a state of rapid convalescence, when in a casual visiter she recognised a former acquaintance, and she relapsed into an incurable state.

Female lunatics have been known to seize upon children with frantic joy, claiming them as their long-lost infants. Nothing can be more absurd than the members of the Committees of Lunatic Asylums interfering with the visits of the establishment. It is a vain display of patronage, highly prejudicial to the welfare of such institutions.

zeal may do much harm. Great judgment is also required in the sermons preached to these unfortunates.*

270. In the selection of proper cases to attend divine worship, many, who most ardently wish to join such meetings, are most decidedly unfit to be present at the service.

271. To those who are proper subjects to attend divine worship, Sunday service should be regularly performed. It affords a regular occupation during a day consecrated to rest; and when rest from labour is enforced from the re-

* Nothing can be more absurd than the assertion of the great benefit that arises from the patients being obliged to attend divine worship. The apparent tranquillity and attention with which they seem to listen to the chaplain's exhortations, are in most cases purely mechanical. A lunatic seemed much affected at a sermon, and even shed tears with seeming contrition; the subject of the discourse was the Trinity: when questioned on the homily which had thus affected him, he said it was one of the most beautiful sermons he had ever heard, all about the Emperor of Russia and King of Prussia! Were it not for the moral discipline enforced in these asylums, and the presence of the keepers, their congregations would very frequently exhibit anything but a devotional appearance.

During fourteen months superintendence of Hanwell, out of upwards of one thousand patients, I had only four who were fit to receive religious consolation in sickness. and on the bed of death.

spect due to the Sabbath, it is but too true that it is the day most pregnant with mischief in lunatic asylums, from the want of occupation and its most injurious monotony. It is to be regretted that all labour should be suspended on the Sabbath-day amongst unfortunate beings who have no idea of its solemnity.*

272. In the wild absurdities of Bigots, the sacrament had been directed to be administered to lunatics supposed to be fit to participate in the Lord's Supper. Any patient fit to participate in this service is fit to be discharged.†

* Dr. Brown has given the following most judicious observations on the subject :—"In the employment of such an agent (religion,) great difficulties occur—so great, indeed, as to discourage the most zealous of its advocates. These consist in determining the modes in which the effect may be best obtained. If its doctrines are taught to weak or perverted intellects, they may add to the confusion already existing ; if its influences are brought permanently forward, they are apt to mingle with superstitious fears and delusions ; if its duties alone are commented on, the doubting and ignorant may be left unsatisfied ; if preaching is the vehicle, the attention may be fatigued and exhausted ; if prayer, the sentiments may be strongly affected. These suppositions are all obviously founded upon the injudicious use of such an agent."

† In an inquiry that took place in the management of

273. When patients have travelled and obtained a knowledge, however slight, of foreign languages, conversing with them in that language, and recalling to their memories scenes of other lands, will frequently be found a valuable means of breaking down a morbid train of thought. In many instances a patient will forget most home occurrences, but recollect vividly circumstances of a foreign nature. When a patient replies in one language to questions put to him in another dialect, the case will afford but little chance of recovery, and will probably be followed by paralysis or fatuity.

274. The moral treatment of the insane is of such importance, that the physician should be invested with a supreme power in their management. It is totally absurd in any other person to interfere with his arrangements, when the welfare of the unfortunate patients is too often

the Hanwell Lunatic Asylum, the following question was put to me by the Dean of Carlisle : " What is the length of time during which, to the best of your information, a medical man should have the superintendence of an insane patient, before he can form an opinion as to his fitness to receive the Sacrament !!! "

sacrificed to gratify the vanity of obtrusive official visiters, who, with no doubt the very best intentions, do an infinity of mischief. *

275. Every amusement that the patient can be indulged in with security, should be allowed; and in this powerful means of drawing the lunatic from his disordered train of thought, the affluent possess much greater advantages than the needy.

276. When restraint is absolutely necessary, it should be resorted to with calmness and steadiness. An expression of impatience or anger will only aggravate the patient's violence; a sufficient force should also be displayed, to show the patient that resistance would be vain. Lunatics are rarely courageous, and are easily intimidated by firmness and determination.

## PHYSICAL TREATMENT.

277. The first indication is to meet the symptoms of local congestion, especially when a deter-

* The same observation applies to stewards and matrons. The interference of the latter, more especially, is frequently most injurious, and their influence is usually the cause of all the disorders that occur in lunatic asylums.

mination of blood is evident in the encephalon.

278. *Bleeding*, at least general blood-letting, is scarcely ever necessary in the treatment of the insane. The collapse that follows depletion is frequently not only alarming, but fatal. In insanity the excitement is so transient, that the pulse cannot be considered a sufficient guide to direct our practice. However, when the subject is plethoric, and there is an evident increased impetus in the cerebral vessels, moderate blood-letting may be resorted to with good effect.*

279. Local bleeding by leeches, or cupping, will be found more advisable. The blood should be drawn from the temple and the back of the neck; leeches should be applied repeatedly, and

* The advocates of blood-letting have founded their practice on pathological anatomy, which so frequently exhibits signs of inflammation in the brain and its membranes; but this is a perilous deduction, as local congestion by no means shows that there is such a general state of plethora as to warrant depletion. This congestion very often does not arise from too great a quantity of blood in the system, but from an unequal distribution of that fluid; and it is more than probable that the want of equilibrium in the distribution of the blood will be increased by the state of debility that succeeds venesection. Local bleeding is not attended with this disadvantage.

in small numbers, and their effect aided by warm fomentations.

280. When the patient has been subject to epistaxis, and seems to suffer from the suppression of this discharge, leeches should be applied to the temple and the nostrils.

281. When the catamenia are irregular, leeches applied to the labiæ will be found of essential service; they should be placed close to each other, and in great numbers. In mania complicated with hysteria, this practice will be found of great advantage. The artificial discharge of blood should be resorted to about the period when the catamenia are expected After the operation, the patient should be put into a warm bath, while cold applications to the head are made.

282. In the suppression of the hæmorrhoidal discharge, leeches to the margin of the anus should be repeatedly applied.

283. In the delirium that follows intoxication, which has not unfrequently been considered maniacal, bleeding is not only objectionable, but most dangerous,—patients having been known to sink into a fatal collapse immediately after venesection.

284. Blood-letting is equally objectionable in

the delirium following wounds, which has also been considered as an attack of mania.

285. When cerebral determination is evident, we should be careful, ere we proceed to bleeding, to ascertain the state of the circulation. The carotid artery may be found to pulsate with apparent strength and fulness; but if it is easily compressible, and the radial artery is feeble in its pulsation, general blood-letting is not admissible. When pressure on the jugular vein produces a sense of heaviness in the head with pain, but these symptoms cease the moment the pressure is suspended, bleeding is dangerous.

286. When the extremities are cold, the skin clammy, the tongue furred, cold and tremulous, with tremor of the limbs and rigor, notwithstanding the symptoms of cerebral congestion, general bleeding is dangerous.

287. In puerperal madness general blood-letting is not advisable.

288. Mania will not unfrequently assume the character of dementia and fatuity, after imprudent bleeding.*

289. When there is much excitement and in-

* Pinel thus expresses himself on blood-letting: "Bleeding is an evacuation so rarely employed in the Salpétrière, that it may be considered an epoch in the treatment. How

creased action of the heart and arteries, it will be found that aconite, in fractional doses, will procure a state of calmness more rapidly than detraction of blood.

290. Great excitement frequently arises from the want of sleep. In this case the salts of morphia will frequently procure rest, and it is preferable to employ them according to the endermic method, by producing a slight vesication on the back of the neck, sprinkled with acetate of morphia.*

291. When there is a considerable determination to the brain, cold applications to the head, while a slight pressure is made upon the carotid arteries, will often relieve the excitement.† Arterial pressure is a powerful agent in brainular

many patients also we see cured, without having been bled, and how many have been bled and remained incurable!" When I was a pupil in the Hôtel Dieu, the practice in the insane ward was particularly unsuccessful, and its physician, Bosquillon, was a strenuous advocate of bleeding.

* The endermic inspersion should always be aided by counter irritation in the intestinal tube.

† A yoke, somewhat similar to the one recommended by Benjamin Bell for jugular bleeding, might be so constructed as to produce a gentle pressure on the carotid; but the greatest difficulty in the construction of such an instrument would be to guard against its pressure on the jugular veins, which would totally defeat the intention.

excitement, which, in insanity, is mostly of a transient nature.

### EMETICS.

292. Emetics are useful when there is a torpid state of the system, more especially in cases of melancholia connected with dyspeptic affections.* The best mode of exhibiting emetics is a solution of tartrate of antimony and potass in water, and given in small doses until vomiting is excited.

293. Where there is any cerebral excitement, with predisposition to paralysis, emetics are of a doubtful efficacy, and have not unfrequently been followed by fatal results.

294. Although tartrate of antimony as an emetic may be hazardous in many instances, its use as a nauseating medicine is often highly beneficial. A solution of about one-fourth of a grain, or even the one-sixteenth of a grain in a quart of water, two ounces of which to be given from time to time in the course of twenty-four hours, will be found most efficient, especially in cases of mania.

295. The calmness produced by the action of

* Haslam confines their use to such cases, and asserts that after the administration of *many thousand* emetics to persons who were insane, but *otherwise in good health*, he never saw any benefit derived from their use.

emetics, and which arises from exhaustion, must be viewed with much caution, as it is not unfrequently the precursor of cerebral congestion and effusion.

## PURGATIVES.

296. Drastic purgatives require much caution, as they will often increase the excitement which they are exhibited to relieve. They are useful in epileptic cases; in cases of sudden determination of blood to the head; and when constipation has been obstinate, aloetic preparations will be found the most efficacious. The compound colocynth pill is also a valuable medicine. Croton oil should be prescribed with great reserve, as I have frequently observed increased cerebral excitement with stupor after its administration. The compound powder of jalap is also a useful purgative.

297. As the exhibition of purgatives is frequently followed by a state of obstipation, it is necessary to keep up a steady action on the intestinal tube, and for this purpose laxatives are indicated: an open state of the bowels may be kept up by a solution of cream of tartar; but when this is not found sufficient, a solution of one ounce

of sulphate of magnesia in sixteen ounces of infusion of roses, to which is added one-sixteenth of a grain of tartar emetic, given in doses of two ounces four times in the day, will be found a valuable adjuvant.

298. Preparations of mercury, more especially calomel, should be used with caution; they act upon the nervous system, and frequently increase the despondency of the melancholic.

299. Laxative injections should be frequently used; the best form, perhaps, is simply soap and water; turpentine glysters are sometimes prescribed, but they generally produce great excitement.

300. When violent drastics have failed, laxative articles of diet have procured the desired effect, such as stewed prunes with senna leaves. In the south of France I have seen the tomata, or love-apple, employed with singularly good effect.*

301. In dyspeptic and melancholy cases, the compound rhubarb pill, given repeatedly and in small doses, will be found most effectual. In these cases I have found castor-oil injurious, as it will often bring on a troublesome, if not a fatal diarrhœa.

* An extract of the tomata is a most valuable medicine.

302. Elaterium should be prescribed with great caution, as it will often bring on incurable diarrhœa, especially in cases of dementia and melancholy.

303. In hysteric females a suppository of soap and aloes, with one drop of croton oil incorporated with it, has relieved the most obstinate constipation.

304. That constipation is attendant upon insanity is no doubt the case in many instances; but this state is too generally considered as a matter of course; hence has arisen the pernicious practice of debilitating the patient and injuring the digestive functions by the constant exhibition of purgatives; frequently of a drastic nature. It will be found upon observation, that the bowels of the insane are generally most irritable, and prone to diarrhœa of an unmanageable nature.

305. Drastic purgatives should only be given when milder medicines have failed in their effect, when the tongue is foul, yellow on the edge, and brown in the centre.

306. Air and exercise should be combined with the use of laxatives to obviate costiveness; and it will generally be found that the bowels

will become regular as the cerebral excitement decreases.

## OPIUM, NARCOTICS, AND SEDATIVES.

307. The exhibition of opium in insanity requires much discrimination.

308. It is injurious in cases of cerebral congestion and great vascular action, as it will often occasion phrenitis.

309. It should never be prescribed in cases where there appear to exist premonitory epileptic or paralytic symptoms.

310. When there is no great excitement, and the pulse is small and weak, and nervous symptoms prevail, opium may not only be given with safety, but with evident beneficial results.

311. In sleepless patients, opium given internally will rarely produce repose; its exhibition endermically will often prove more effectual: sprinkling the blistered surface on the back of the neck, or on the epigastric region, with the acetate or muriate of morphia.

312. When opium is given internally, the best mode of exhibiting it is Batley's sedative solution.

313. Opium, when indicated, should be given in large doses, gradually tried, and at intervals.

314. When, after the use of opium, the patient awakens from his sleep in a state of increased excitement, its exhibition should be given up.

315. Hyoscyamus, belladonna, and conium, have procured rest when opium had utterly failed. Of these narcotics, belladonna I have found the most beneficial. Hyoscyamus produces increased heat, with thirst and a dryness of the tongue and fauces. These medicines, however, vary according to peculiar idiosyncrasies, which must be studied. The external application of the extract of belladonna, employed according to the endermic method, is often very effectual in reducing excitement, more especially when applied to the epigastric region. The extract of lettuce I never found of any use.

316. When calomel or the blue pill is given, it will be found beneficial to combine it with hyoscyamus.

317. Digitalis is a medicine on which we can place but little reliance : confinement in a recumbent posture is necessary to assist its action, as I have rarely found it depressing the circulation when the patient was allowed to take exercise. I have noticed apparent favourable results when this

medicine was combined with camphor; it was, however, difficult to ascertain to which of the drugs the calmness obtained was to be attributed. Large doses of digitalis are inadmissible, as they produce dizziness, vertigo, and increased cerebral determination.

318. Camphor is a most valuable medicine in lunacy, but its exhibition requires much discrimination. It is not advisable when there is cerebral excitement, with a hot dry skin, full pulse, and wild countenance; but when there is much restlessness and uneasiness, with a low weak pulse, and the skin is cold and clammy, camphor will be found most beneficial, combined with the *liquor ammoniæ acetatæ*. I have often prescribed it with great advantage when symptoms of low nervous fever were prevalent; however, the encomiums bestowed on this medicine have been overrated.

319. I have never observed any decided advantage in the exhibition of musk or assafœtida; but, in cases of insanity connected with hysteria, the ammoniacal tincture of valerian will be found a valuable medicine.

### COUNTER-IRRITANTS.

320. *Blisters* will often prove beneficial, espe-

cially in cases of mania and melancholy. In the former case they act as a revulsive, and in the latter their irritation diverts the mind of the patient from its morbid train of thought.*

321. The practice of applying blisters to the head is highly injurious, as it increases the excitement of the membranes of the brain, and moreover prevents the application of cold, one of our most powerful auxiliaries.

322. On the approach of an epileptic fit, a blister on the back of the neck will often shorten the duration of the attack, and render it less violent.

323. *The actual cautery* has been known to correct the morbid aberrations of the monomaniac affected with demonomania, the pain it excites drawing their attention from their melancholy apprehensions. An iron of a globular form, at a white heat, should be momentarily applied to the mastoid processes. This sudden excitement has been known to cure patients who fancied that they heard various menacing voices denouncing perdition and celestial wrath.

324. *Setons* are of very little avail, except in cases where paralysis is apprehended and vision is impaired. They are most advisable in the neck.

* Blisters are of essential service in puerperal madness.

325. A steady counter-irritation kept up on the back of the neck by the tartar emetic ointment, or other stimulating applications, will be found of much benefit in recent cases of lunacy, more especially when the malady has assumed a maniacal type.*

326. Counter-irritants are of great service when any eruption has disappeared; indeed they are beneficial in all cases of metastasis.

327. When a tendency to coma and lethargy is observed, mustard cataplasms to the lower extremities are of great service; but care must be taken that the sinapisms are not left on too long, as there is a tendency to sloughing in most of these cases.

## BATHING AND ABSTRACTION OF HEAT.

328. One of the most powerful agents to equalise the circulation is the warm bath; but it should be aided by the application of cold water or ice to the shaved head, while the body is immersed in the bath. The douche, with a rose-bib, will be found a valuable method of directing a broken stream of water to the head.

* The lotion employed by the late St. John Long has often proved most effective in mania, producing a discharge of a peculiar viscid character.

329. The shower-bath or a spout douche should be used with much caution. When there is great cerebral determination, their employment is followed by a reaction, which is not unfrequently alarming, and increases the excitement which it was intended to check. An imprudent affusion has been followed by paralysis.

330. Friction of the lower extremities, while the patient is in the warm-bath, is often very beneficial, especially in hysteric females. In general, the patient should remain in the warm-bath for about half an hour, but care must be taken that the degree of heat is not such as to occasion vascular excitement.

331. The best method of applying cold water or pounded ice to the head is by a double linen nightcap dipped in cold water, or between the folds of which the ice is to be introduced.*

332. It will be found that some points of the head are hotter than others, and when the douche is used, the stream, either from the single spout

* This is the method I employed at Fort Clarence, and I found it practised at the Hanwell Asylum, when I was appointed to that establishment. The wet cap should be removed every ten minutes, the abstraction of heat being amazingly rapid.

or through the rose-bib, should be directed to those parts.*

333. When any point of the head feels of a higher temperature than the other parts of the scalp, care must be taken to ascertain if there is no circumscribed puffiness of the integuments, or that they are not loose or wrinkled; in such cases, in all probability, the membranes of the brain are inflamed, and the douche should be suspended. Cold water or ice may, however, be applied with safety, and in these cases a blister to the back of the neck is also advisable. We must always keep a watchful eye on the sympathies that exist between the pericranium and the membranes of the encephalon, as irritation of the scalp will sympathize with them.

* It must be always borne in mind that the douche will in general occasion *severe pain*, and the terror that the patient evinces when it is ordered, arises from the agony that it inflicts. Esquirol tried it on his own person, and thus expresses himself: "It appeared to me as though a column of ice were broken on the parts, but the pain was much more acute when the stream fell on the fronto-parietal suture; it was more supportable on the occiput;" and we observe, that when the douche is applied to lunatics, at the first stream they endeavour to present the back part of their head. Esquirol stated that his head seemed benumbed an hour after the application

334. The suppression of any secretion will in general be followed by effusion on the brain. Thus, in fatal cases of suppression of urine, effusion, both serous and sanguineous, will be found in the encephalon.

335. In profuse leucorrhœa, the rose-bib douche directed on the lumbar region will be found most beneficial.

336. In uterine excitement, and when complicated with mania, the application of cold water and ice to the pudenda and the inner and upper part of the thigh will be advantageous; enemata of cold water in large quantity will also be found useful *

* These cases are frequently attended with a papular and sometimes a vesicular eruption about the labiæ, with more or less excoriation, and the secretion is of a most unpleasant fœtor; the best application in these cases is an infusion of green tea, which should also be injected in the vagina. In elderly and married females a pessary will be found of great advantage in calming uterine excitement, but in young married females the application of leeches will produce singular good effect. In many cases of this nature, young females more especially (when the catamenia are not regular) express a desire for pressure; this curative indication should be attended to, and pressure above the pubes, obtained by the clenched hand of the nurses, will often produce immediate relief, and it is singular to what extent of violence the pressure may be carried. I attended a patient

337. The plunge bath is a dangerous method of treatment, and should be used with great circumspection, if not altogether abandoned. It is possible that a sudden terror may have been attended with benefit, but it is too dangerous an experiment to be tried.*

338. Baths, shower-baths, douches, should never be confided to the servants of an establishment, but used in the presence and under the immediate direction of the medical attendant: they should never be used after a meal.

339. The shower-bath should never be resorted to as a punishment. It is a powerful agent, and is either useful or injurious. If useful, it must be applied as a valuable means of aiding the remedial treatment; if injurious, it clearly cannot be approved of as a punishment.†

where hysteric fits could only be relieved by a heavy person sitting upon her abdomen, and bearing on it with all her weight. In *furor uterinus*, I have directed the introduction of an opiated suppository with evident success.

* Esquirol, when mentioning the bath of surprise, says, "When I hear it prescribed, I should as soon wished to have heard directions given to throw a patient out of a third floor window, because some lunatics have been known to recover after a fall upon the head."

† Matrons, who are generally capricious and tyrannical

340. The cold-bath is rarely beneficial in the treatment of insanity, although I have used it with apparent advantage in patients debilitated by masturbation. In these cases a shower-bath on the lubmar region will also prove of service. Most insane patients, on coming out of a cold-bath, will be seen cold and shivering, a convincing proof that it is injurious.

341. *Rotatory motion*, proposed by several practitioners, I do not consider to offer the advantage expected from its use, and in many cases may prove decidedly injurious, more particularly when there is cerebral congestion, in which the nausea and giddiness which this motion produces, will most probably increase the excitement; the same effect may be obtained by the use of small doses of tartar emetic, if to relieve vascular activity is the object in view. The patients in general look upon the machinery with much dread, and I do not think that terror is a desirable agent in their treatment.*

frequently have recourse to this mode of punishment. I knew a matron who, to avenge an insult she had received from a poor young girl, ordered her thick and flowing hair to be cut off on a bitter frosty day, and had the unfortunate creature's hands put in cuffs, for attempting to resist the operation.

* Esquirol thus expresses himself regarding rotatory mo-

## TREATMENT OF COMPLICATIONS.

342. *Diarrhœa* is one of the most frequent and fatal complications of insanity. It generally makes its appearance in the weak and debilitated, and not unfrequently after the injudicious use of drastic purgatives. It is also a frequent result of improper and scanty diet of a liquid form.

343. When there is pain and tenesmus, small doses of castor oil repeatedly given, with a few drops of tincture of opium, will be found beneficial, and starch glysters, with opium in small doses, will tend to check the tenesmus. A suppository of soap and opium has succeeded when other means had failed.

344. When there is no pain, and the stools are watery, tincture of rhubarb combined with some astringent, such as tincture of kino and catechu, should be exhibited, with the chalk mixture, and *the pulv. hydrargyri c. creta.* I have found a strong decoction of the rind of the

tion, when alluding to its being recommended by several practitioners: "Comment des hommes, aussi habiles, ont-ils été tenté d'introduire dans la pratique un agent aussi dangereux ! !

pomegranate very beneficial.* A dose of Dover's powder given every night is also advisable.

345. *Dysentery* is not an unfrequent complication of insanity, and it can be frequently traced to irregularity in diet. This disease is sometimes attended with nausea and vomiting, often of a stercoraceous character In this case I have found the application of a blister to the stomach of great advantage, acetate or muriate of morphia being sprinkled on the vesicated surface; small doses of creosote have also relieved the urgency of the symptoms. Both in diarrhœa and dysentery, demulcent drink and rice-water should be freely given. I have found that barley-water increases the disposition to flatulency.

346. *Profuse perspirations* during the night are not uncommon in the insane, and in general may be considered symptomatic of hectic fever. I have found the use of the phosphoric acid in an infusion of roses more effectual than the sulphuric. Fractional doses of the muriate of gold will also be found highly beneficial in checking night-sweats.

* Pinel considers the decoction of the rubus dumetorum a valuable remedy.

347. Suppression and retention of urine frequently occur in the insane, and it is surprising that in this disease, which in general causes the most excruciating pain, lunatics have died, in whom the malady had not been observed during their life. It is therefore of great importance to ascertain whether the urine is regularly voided.

348. In some cases of ischuria and dysuria, drops of urine will dribble in the bed, and wet the bedding. This circumstance leads the attendants to conclude that the discharge of urine is free, whereas it will be found, after death, that there was a retention of urine to a fatal extent, with effusion in the encephalon, the usual condition of the brain in such cases. It will therefore be prudent in all such cases to examine the state of the bladder.

349. In puerperal madness, the lancet should be used with the utmost caution, if its use indeed is ever indicated. If there is cerebral congestion, leeches will be found more effectual and safe. Blisters to the nape of the neck should be applied, to be afterwards sprinkled with acetate, or muriate of morphia.

350. In puerperal mania, after the bowels have been freely relieved, opiates will be found of the greatest advantage. Battley's sedative of the salts

of morphia are the best preparations, and the latter should be also introduced by the endermic method; to these hyoscyamus will be found a valuable addition; and when the vascular excitement is high, small doses of aconite are also advisable; mustard sinapisms should at the same time be applied to the legs and feet, and inner part of the thigh.

351. When there has been a suppression of the lochia in puerperal madness, a slight pressure upon the crural artery by means of a tourniquet might prove beneficial.

352. Emetics are of service in puerperal madness, but should be exhibited with much caution, especially when the face is pale, the skin cold and clammy, a quick and weak pulse, with great mental depression. Purgatives will in general be found most useful; and in that class of medicine, castor oil, followed by repeated small doses of calomel and rhubarb, will be found the most beneficial.

353. In puerperal madness, hyoscyamus combined with camphor and belladonna are valuable medicines. The hyoscyamus may be given in extract or in tincture, a drachm of the latter at night Our chief indication in this malady is to keep down excitement, and overcome the con-

stant restlessness which is a characteristic of the disease.

354. When the excitement has somewhat subsided, the ammoniated tincture of valerian will be found of great service.

355. A light but nutritious diet is absolutely necessary in this form of insanity; good broth should be given, at short intervals, with port wine and water or claret,* and as convalescence progresses, ale and porter may be allowed with animal food of easy digestion.

356. The removal of puerperal lunatics to an asylum is rarely necessary, and generally imprudent, but they should be carefully separated from their relatives, and kept from all sources of irritation. However, when in her delirium the patient calls for her infant, and fancies that it has been murdered or stolen from her, the child may be brought to her.

357. In this malady we must endeavour to recall the secretion of the milk, and draw it off frequently.

* In all uterine diseases and cases of hysteria, white wines will be found injurious, and, amongst red wines, Burgundy is most apt to increase the excitement and febrile symptoms. Claret, unadulterated with hermitage and other mixtures to suit the British perverted taste, will be found the best wine to be prescribed.

358. During convalescence, tonics and stimulants are necessary, but we must be guarded in the exhibition of bitters, such as gentian, quassia, which very frequently bring on severe headaches.

359. From the foregoing observations, we may resume the medical treatment of lunacy in the following order.

i. To keep down excitement by gentle antiphlogistic means, that are not likely to debilitate the patient.

ii. To keep the bowels regularly open.

iii. To diminish cerebral excitement by the local abstraction of heat and topical bleeding.

iv. To produce revulsion by counter-irritants.

v. To procure rest by such narcotics and sedatives as may appear best suited to the case.

vi. To endeavour to equalise the circulation by warm baths, and the occasional application of cold.

vii. To combine a proper diet with the therapeutic treatment.

# BOOK III.

## ON THE DIET OF LUNATICS.

360. The exhaustion so rapidly brought on by excitement and agitation necessitates a liberal diet, abundant in quantity, and of a nutritious quality.

361. Although we occasionally meet with lunatics who refuse food, or seem disinclined to take it, yet their appetite is usually good, and not unfrequently voracious; in general they require more nourishment than a healthy person

362. Eating little and often is preferable to three regular meals; and it would be desirable that lunatics were fed every three hours.

363. Their dietary should consist of half a pound of meat (without bone) four times in the week, with a pound of bread every day, to which should be added a pound of potatoes. Soup, unless thickened with barley and rice, is an improper article of diet, and it is to the use of fluid aliments that diarrhœa is mainly to be attributed.

364. On days when meat is not issued, cheese

should be substituted, and dumplings will also be found a nourishing article of food when the patient is in good bodily health.

365. The meat should consist of beef and mutton; pork, fresh or salted, is in general an improper issue. Veal and lamb are also objectionable.

366. Good table beer and draught porter should be allowed at dinner.

367. Gruel may be a good breakfast and supper in general, but as it disagrees in many particular cases, it should not constitute the breakfast of every patient. Bread and cheese will frequently be found preferable.

368. Tea is a beverage that should rarely be given to the melancholy and monomaniac patients, and black tea should invariably be used. Coffee in many cases is also objectionable.

369. Wine and spirits are rarely required, except in cases of great debility and old age. Port wine is to be preferred.

370. Great care must be taken that the patients consume a sufficient quantity of salt with their food, and as they very frequently will not make use of it of their own accord, it should be sprinkled on their food. Stimulating condiments are also necessary, such as pepper and mustard,

and a sufficient quantity of Cayenne pepper should invariably be put in their soup, and served out with vegetables.

371. Vegetables of a flatulent nature should be rarely served, such as cabbage and turnips; potatoes, carrots, and parsnips, are preferable.

372. Fruit of a wholesome description should be freely given, and in winter stewed prunes and baked apples will not only prove a grateful article of diet, but will procure a regular state of the bowels.

373. The patients in an asylum should be allowed a free use of barley and toast water: when diarrhœa is prevalent, rice-water will be preferable.

374. Excepting in cases where it is indicated, milk is not a healthy article of diet; when cold, it frequently produces diarrhœa, and when hot, will often cause constipation.

375. According to the classification and distribution of the patients in public asylums should their diet differ.* Patients on a par-

* Nothing can be more absurd than the adoption of a general scale of diet for the inmates of a lunatic asylum, whose allowance will not only be of the same description, but of the same quantity. The powers of digestion vary according to the nature of the case, and the state of health of the patient. It is certainly true that the physician can

ticular diet should be kept together, as they are in general very jealous of each other's comforts, and easily irritated when they see articles of food distributed to others, and from which they are debarred.

376. When patients obstinately refuse food, and seem determined to destroy themselves by starvation, we are sometimes obliged to have recourse to force, but this coercion is rarely required.* When it is practised, it should be under the immediate eye of the medical attendant.

make whatever alteration he thinks proper in the infirmary, but he cannot vary the food of patients mixed up with other fellow-sufferers, without causing much jealousy. The committees that generally regulate lunatic asylums, composed of persons well meaning, no doubt, but totally unfit to form any opinion on the management of lunatics, are led by motives of economy to allow as few servants as possible; and therefore all increased "*trouble*" which would require an increase in the attendants is avoided, and one cook is considered sufficient to prepare a dinner for 800 or 900 patients, who are supposed to be endowed with equal powers of digestion, and an equal partiality to the daily diet served up to them, whether they are old or young, robust or exhausted. Such a system may be easier for the domestics, and cheaper for the establishment, but it is unquestionably injurious to the patient. With the exception of the sick, I have seen fat salt pork and cabbage distributed to 800 patients, who were obliged to eat or starve.

* In the treatment of upwards of 2,800 lunatics, I have

Various instruments have been invented for this purpose, but the best, perhaps, is the screw-gag, which gradually and gently unlocks the teeth.*

377. Before having recourse to these coercive means, perseverance must be employed; very frequently a change of diet, or some particular article of food that the patient may desire, will induce him to take nourishment.†

only been obliged to have recourse to such violent means three times.

* The use of a "*spouting boat*," which frequently breaks the front teeth, should *invariably* be laid aside; when the patient obstinately clenches the teeth, the nose may be pinched, or some snuff given. The jaw is opened when sneezing takes place, and a spoon or a gag may be then introduced: in many cases, where one or more of the grinder-teeth are wanting, a curved tube may be introduced through the aperture, through which liquid food can be poured.

† I have seen patients who have obstinately refused the diet of an asylum, eat with voraciousness toasted cheese or a red herring. H. D., a patient of mine, would not eat anything for several days; at last he said he would like a beef-steak with mushrooms. This was immediately prepared for him, and from that day he regularly took the usual food of the establishment. In many cases, where a patient will pertinaciously refuse meat, it will be found upon inquiry that he is a Roman Catholic, who has placed himself upon this mode of fasting from religious delusions and fears; in such cases, the interference of a priest of his persuasion will often induce him to eat animal food.

378. In some cases, when the patient rejects the food given to him by spitting it out, the stomach-pump may be used with advantage.

379. The quiet and orderly patients in an asylum should take their meals together in the day room. This practice produces regularity and a social intercourse very essential in the treatment.

380. As we must, as far is it is in our power, renew in the minds of lunatics former early associations, they should be allowed the use of knives and forks, of the description used at Hanwell and other asylums: the knife is blunt, and the prongs of the fork short. Ivory and bone knives should not be used, as it shows a distrust, which constantly irritates the patients who will very rarely complain of the bluntness of their knives, which, however, cut in about two inches and a half of their edge, but in such a manner as not to be dangerous.

381. When mastication and deglutition is difficult, the food should be minced up or rolled in forced-meat balls. Such a precaution is also very requisite with idiotic and paralytic patients, who must also be often fed with a spoon. Such patients should be fed by the keeper, and not by fellow-patients, upon whom we cannot always depend.

382. When an establishment contains patients of various conditions of life, the luxuries allowed to the wealthy should never be distributed in the presence of the needy. The insane will not reflect on the difference of their station in life, but will consider themselves entitled to everything which they see others enjoy. It is therefore obvious that these classes should be kept separate from each other; for not only their dietary, but their dress, will prove the source of much discontent and jealous irritation.

383. It is customary to allow certain extra comforts in diet, such as tea, coffee, beer, &c., as an incentive to labour; this may be judicious amongst such inmates of an asylum who are able to appreciate the motives which led to the distinction, but it is evident that it must prove a source of excitement to those who consider that they have an equal claim to those indulgences.*

* Snuff and tobacco are frequently given as a reward for labour, and this is preferable to any alimentary recompense. De Boismont has justly observed, " Il faut rémunérer l'activité par une récompense quelconque, par un leger salaire, une plus grande liberté, de plus beaux habits: la plupart des aliénés aiment le tabac. On fera de ce besoin au profit du travail." If a better diet is allowed to the labourers, they should receive it separate from the other patients who *cannot* work. When such additional comforts

384. The adoption of a scale of dietary, differing according to the classification of the patients in an asylum, might require a greater number of assistants in the kitchen, but would ultimately prove economical; as great waste must attend a distribution of provisions, of which many are unable to partake.

are promised the working patient, the engagement should be most religiously observed.

# BOOK IV.

## ON THE SECLUSION, INTERDICTION, AND THE DISCHARGE OF LUNATICS.

385. Lunatics are restored to society when they are either cured, or sufficiently relieved to be no longer subjected to seclusion.

386. It is a matter of great difficulty, if not impossible, to declare that a lunatic is radically cured, and not liable to a relapse; or to decide whether the state of lucidity which he appears to enjoy, is not a lucid interval which may very probably be followed by a fresh attack.

387. As a medical superintendent, and the physician who attends a lunatic, is to a certain degree responsible to society for the mischief that might arise from an insane person being restored to his former situation in life, much experience is necessary, to guide the judgment, and too frequently the welfare of the individual, and society, is overlooked in the anxiety of exhibiting numerous cures.

388. Relapses will be excited by the same causes that occasioned the original attack, to

which must be superadded the effects of the sudden change from confinement to liberty—the return to a free course of living, after the dietetic regimen to which the patient had been submitted, when long sobriety renders them more susceptible of any irregularity in which they may indulge.

389. It would therefore be desirable, that convalescents were gradually brought back to their former mode of living, allowed a more liberal use of malt liquor, exposed to the atmospheric vicissitudes, and frequently permitted to see their family and friends—indeed, it would be desirable that they were discharged on probation for a month or two, during which time their conduct might be under observation. This precautionary measure is more particularly required with pauper lunatics or insane persons in a humble sphere of life.*

* According to the law as it now stands, whenever the family of a pauper lunatic can satisfy the parish officers that they are able to maintain him, they may claim his liberation. Many serious accidents have arisen from this mistaken indulgence; as it is scarcely possible that the family of a pauper can exercise sufficient vigilance over him to ensure his comfort, his medical treatment, and secure him and others from harm. The family of a poor lunatic are often most anxious to receive him once more

390. When patients are considered fit to be discharged, their liberation should be intimated to them some time before it actually takes place, and the period of their discharge only held in perspective. It will frequently happen that this state of impatience and disappointment will bring on a relapse, which will plainly show that they were unfit subjects for enlargement.

391. During this period of probation, if it is ascertained that any particular person, or member of the family, or an acquaintance, has been the object of the patient's dislike and excitement, the person's name should be frequently mentioned, and he should be brought several times into the patient's presence, when their conversation and conduct must be observed.* This may

amongst them, and to comply with his repeated applications to be released from confinement, the horrors of which he endeavours to describe in every letter, in which the patient represents himself as the most injured and ill-used prisoner. If it has been once decided that a pauper lunatic shall be secluded from society, his seclusion must be continued until a cure is effected, and no false sense of humanity, or rather economy, should endanger the lunatic or society. It is more especially in cases of melancholy, with suicidal and homicidal propensities, that this indulgence should never be granted.

* In my view of asylums, I have mentioned the expediency of having the visiting-room so constructed, as to

appear a harsh proceeding, but it is far preferable that a relapse should take place in an asylum, than when the patient is restored to society, and brought into constant intercourse with these obnoxious persons.

392. In discharging a patient, it will be necessary to decide whether the state of the mind is such as to warrant his liberation, with as much careful discrimination as when we first certified that he was unfit to remain at large. Many patients are fit to be discharged, whose mind still continues unsound on many points: it therefore becomes urgent to convince ourselves, that such mental disorder is not of a nature calculated to prove injurious to the patient or to society.

393. It is a matter of great difficulty, yet of vital importance, to distinguish the first lucid interval of insanity from a cure: to confine a lunatic, clear and unequivocal medical evidence must be obtained—to release him, a clear and unequivocal restoration to a sound state of mind is also required.

394. There is, however, an unsoundness of mind which would not warrant the seclusion of a person suspected of being insane; while, on the

enable the medical superintendent to overhear the conversation between the patients and their visiters.

other hand, there may appear a soundness of the intellectual faculties, despite of which an individual is not only incapable of conducting his own affairs, but whose freedom might be injurious to society. An action may be sensible in appearance, without the author of it being sensible in fact; but an interval cannot be considered perfectly lucid, unless it is more or less permanent. The action only denotes a single fact, the interval is a state composed of a succession of actions, and their succession must be consistent with reason, to enable us to decide that a lucid interval has been obtained.

395. A man may be utterly unfit to manage his affairs, and yet be of a sound mind, in the general acceptation of the expression; and, on the other hand, a man may be of an unsound mind, and yet capable of conducting himself with propriety.

396. Mental debility does not constitute insanity ; yet when a man is reduced to such a state by age and infirmities, he becomes unfit to manage his affairs, and must be placed under the care of a guardian,* although no commission of lunacy will be grounded on such a condition.

* Such was the opinion of Thurlow, Pre. Chan. 229 ; Gilb. 4.

Though a jury might find that a man is incapable of conducting his affairs, yet such a finding is not sufficient; they must find him of unsound mind.

397. In the examination of a supposed lunatic, we are not to be guided by his actions and conversation at the time of the examination, nor by his giving correct answers to the questions put to him: antecedents must be taken into consideration; but it requires that such irrational acts shall be unequivocally proved.*

398. Hypochondriasis does not constitute insanity, yet there are cases where the delusions of the hypochondriac are of such a fearful nature as to render his seclusion necessary for his safety and that of others; and when the welfare of so-

* Legists have thrown much confusion in the matter of lunacy, and the opinions of some of the first authorities rather tend to puzzle the question than elucidate it. Thus Hale and Blackstone maintain that lunacy is a partial derangement of the intellectual faculties, the senses returning at uncertain intervals; whereas madness is a total alienation of the human mind. (1 Hale, 31; 4 Bla. c. 24; 1 Hale 30; 4 Ca. 124.) Fitzherbert defines an idiot to be one who cannot count twenty pence, or tell who his father or mother were, or how old he is; or that hath no understanding or reason, as to what may be to his profit or to his loss. (p. 238.) It is needless to observe, in what confusion such distinctions would involve a case of inquiry into lunacy.

ciety urges his seclusion as a lunatic. Such must be the case when a suicidal or homicidal propensity prevails.*

* Cullen's definition of hypochondriasis should be ever borne in mind. "Hypochondriasis I would consider as being always attended with dyspeptic symptoms, and though there may be at the same time an anxious melancholic fear arising from these symptoms, yet, while this fear is only a mistaken judgment with respect to the state of the person's own health, and to the danger to be thence apprehended, I will still consider the disease as hypochondriasis, and as distinct from the proper melancholia. But when an anxious fear and despondency arise from a mistaken judgment with respect to other circumstances than those of health, and more especially when the person is at the same time without any dyspeptic symptoms, every one will allow this to be a disease widely different from both dyspepsia and hypochondriasis. Foderé maintains that the hypochondriac is credulous, variable, and timid; whereas the melancholy madman is reserved and prudent, but neither devoid of courage, nor incapable of generous and noble sentiments. The hypochondriac may talk of suicide, from being able to reason more accurately on the nature of good and evil; but unless the disease changes in its character, and slides into insanity, he never accomplishes the act. In another point of view, also, the hypochondriac differs widely from the madman; his feelings, his affections are in a natural state,—those of the madman, in every form of insanity, are in an unnatural and perverted state, and form the most characteristic features of the disease." This distinction is ingenious, but cannot, I apprehend, lead to any beneficial practical result, since it is as difficult as

399. In our examination under a writ *de lunatico inquirendo*, we must not lose sight of the axiom of Haslam ; " leading to the origin of the distemper, and tracing down the consecutive series of the lunatic's actions and associations of ideas, in going over the road where he has stumbled, he will infallibly trip again."

400. The duration of a lucid interval is not in itself sufficient to warrant the discharge of a lunatic. Lucid intervals have been known to last for several months, when the relapses have been marked by the most violent and dangerous outbreaks. In many cases these intervals come on at regular periods.

401. In discharging a patient from a lunatic asylum under the impression that he is cured, although he perhaps is only enjoying a lucid interval, we must be guided by his general conduct during his former hallucinations. If his behaviour has been outrageous, and threatening danger to those around him, we of course must be more cautious in restoring him to freedom; our best guide on these occasions will be the countenance of the person. There exists in insanity

it may be dangerous to pronounce when this *sliding* of the intellectual faculties into insanity takes place, so as to lead to the commission of suicide, which, I shall shortly endeavour to show, does not in many instances prove a state of lunacy.

a peculiar wild and wandering character of features that cannot be described, but a knowledge of which, long experience in the treatment of the disease can alone convey; so long as those looks of uneasiness and vacuity prevail, however correct the conversation and mode of reasoning may be, we are justified in entertaining doubts of a recovery.

402. In our investigations, great stress is laid on the distinction between what is called *moral* insanity and *mental* disease. In a practical point of view, the partition between these two conditions is of such a gossamer texture as to be traced with great difficulty and perplexity; the only material distinction between these two forms of the disease is perhaps characterised by the slightness or the intensity of its symptoms. There exists delusion in both these conditions, and delusion to a certain degree must constitute a disordered state of the mental faculties. If eccentricity of manners, capriciousness of temper, morbid sensibility, and the prevalence of prejudices, are to be considered symptoms of moral insanity—who is perfectly sane?

403. Depraved perversions of natural feelings are not sufficient to warrant a finding of insanity. Such perversions have prevailed in whole na-

tions. Unless other signs of insanity are manifest, the laws of the land must take their course, although it may be a matter of much doubt how far legal interference is salutary in checking such instances of depravity, which are but too frequently increased by publicity.

404. An attempt to commit suicide is not sufficient to warrant the conclusion that the delinquent is insane, unless other signs of mental alienation or hereditary predisposition can be traced. The usual finding of a coroner's jury, "*temporary insanity*," in cases of suicide, means nothing; a man is either of sound or unsound mind. A sudden impulse of passion may lead a person to murder another; but surely this act would not be considered one of "*temporary insanity*:" the finding of such a verdict would screen the culprit from condign punishment.*

* The finding of "temporary insanity," in every case of *felo-de-se*, is in my opinion not only a most absurd, but a most unjust practice. To screen the dead, an injury is inflicted on the surviving family; and all penal laws affecting the property of a suicide should be abrogated. Insanity, more especially suicidal insanity, is known to be a hereditary disease, and the verdict of the jury thus stamps the *brand of madness* on the children of the deceased. It is generally supposed that a person who destroys himself must be *non compos*, since it is imagined that a man in his senses could not commit an act so contrary to nature and to reason. With the same plausi-

405. In cases of hereditary insanity, more especially when there has been a tendency to commit homicide, we must be very cautious in discharging patients during an apparent lucidity. Such patients frequently evince great cunning in "stifling" the malady, and deceiving their medical attendants, while brooding over future projects of destruction. The same caution is necessary in cases of suicidal disposition.

406. The effects of intoxication are not to be confounded with insanity, however furious the

bility it may be alleged that the murder of a parent or a child, equally against nature and reason, is also a proof of insanity. If a criminal be not *non compos* as to other acts, the purposes of justice are defeated if his crime is considered one of insanity, to which he has been prompted by premeditated projects of revenge, hate, or avarice. Suicide, no doubt, is contrary to every dictate of religion, morality, and reason, yet has it found advocates both amongst the ancients and the moderns; and if you tell a man determined to destroy himself, that he is acting against *nature's* laws, he will tell you that he is only anticipating her irrevocable decree, and that it is *natural* for a man to rid himself of misery and pain, when such relief is placed in his hands. In the reign of Henry VIII., lunacy, when fully established, was not considered to exempt from punishment a person found guilty of high treason. In such cases a special commission was issued from chancery, upon the certificate of four counsel, to inquire into the treason, and a jury was impannelled to try the offence in the lunatic's absence. 33 H.VIII. c. 20.

person may be. No doubt the effects of inebriety closely resemble the outbreaks of a lunatic, but their violence and incoherence must only be considered as of a temporary nature, when the delirium is usually followed by a calm state of mind, or that debility which succeeds over-excitement.

407. When intoxication becomes habitual, and the disturbance of the mind may be considered a permanent alienation, the patient must be viewed and treated as an insane person. Calamitous results have arisen from such persons being allowed to retain their freedom and the management of their affairs.*

408. When the habit of drinking becomes confirmed, and the intellectual faculties are impaired, little hope of a permanent cure can be expected, as the intellects decline instead of improving.

409. *Delirium tremens* closely resembles insanity, and can only be distinguished from a paroxysm of lunacy by the tremour of the hands and tongue, and the convulsive working and twitching of the tendons of the wrists.

410. To constitute a lucid interval, it is not

* The insanity brought on by intoxication is termed in law *dementia affectata*. In Scotland an habitual drunkard may place himself under the care of guardians and trustees: this is termed *inhibiting oneself*.

necessary that a person's mind should be restored to its former strength of intellect and vigour, but it is essential that the party should be equal to manage the common affairs of life, attend to his profession or calling, and be able to regulate his conduct so as not to injure his own interests or those of others. It is therefore evident, that a man whose intellects are alienated by the habit of frequent inebriety, cannot be considered as enjoying a lucid interval sufficiently unequivocal to restore him to his former station in society.*

411. No lunatic is deemed capable of making a will, yet a testament made during a lucid interval is considered valid. Senile imbecility, and the loss of reason from intoxication, are also circumstances which invalidate a will, as a testator must be in possession of sufficient reason and memory to enable him to dispose of his property with reason. But if his understanding be only obscured, and his memory disturbed, he is not incapacitated. The state of the party's memory, however, is not decided by his clear replies to the simple questions put to him;

* The law on lucid intervals is explicit. It is not enough to show that the act was *actus sapienti conveniens*, but it must be found *actus sapientis*, proceeding from judgment and deliberation.

but he should possess what may be called a disposing memory, and an accurate impression both of the extent and the nature of his estate. The name of the instrument shows that there must be a full capacity of disposing in the devision at the time of its execution; so the act of witnessing a will implies on the part of the witnesses the conviction of the mental capacity of signing,—for it is obvious that the mere corporeal power of signing or putting a mark cannot be considered valid. The testator must be *compos;* therefore is it urgent, to establish a will, that all the attesting witnesses should be examined when any doubt can be entertained, not only of the sanity, but of the memory or discernment of the testator.

412. Every person making a will is presumed to be of sound mind; therefore, to invalidate the instrument, it is necessary to show that he was insane at the period it was drawn out,—for although the provisions of a will may present the utmost propriety, they are not sufficient evidence of the sanity of the testator.*

* On this subject Collinson observes, that the testator may have acted reasonably by accident, or the will may have been the production of another. An old man in his second childhood, who cannot remember his name; a paralytic reduced to such a state; or one whom excessive, continual intoxication has deprived of the use of his under-

413. If in the testament there appears a mixture of reason and folly, it is to be presumed that it was made when the mind was in an unsound state.* Wills manifestly improper are not on that account to be set aside, as of insanity.†

414. A person labouring under bodily pain or excitement, although not insane, may make a

standing, and senses, cannot make a will.—*Collinson's Treatise*, p. 626.

Chambeyron is of opinion that the right of making a will should be preserved inviolate, when individuals may and do retain the requisite degree of intelligence for entering into the arrangement in question, though in other respects in a state which renders *surveillance* advisable.

* Swinburn on Wills, p. 2, 3.

† 8 Mod. s. 9. Although an exception to the provisions of a law is a difficult and even dangerous precedent, yet, as regards wills, considerable latitude should be allowed in deciding whether they are the instrument of an insane, or merely an eccentric person. When the testament is not only of a proper nature, but evinces sound ideas of benevolence, it is hard upon the objects of this benevolence that they should be deprived of the testator's charitable donations. An instance is on record where a man willed a large sum of money for the foundation of a school for sailors' orphans, yet was the will set aside in consequence of his having appointed every corporate body in England as his trustees,—an act clearly denoting much eccentricity, but not sufficient to invalid the instrument on the plea of insanity.

will, the provisions of which may be so singular as to lead to a doubt of the party's soundness of mind. This is a question of great difficulty, in which the medical witness requires much experience of the sympathies that exist between the mental and corporeal faculties. Such has been the case during the excitement of *furor uterinus*.*

415. Medical men are not unfrequently called upon to give their opinion as to prodigality constituting insanity. This is a most difficult question. By the Roman law, if a man by notorious prodigality was in danger of wasting his estate, he was looked upon as *non compos*, and committed by the prætors to the care of curators or tutors. But, in England, the return of a person as *unthrift* does not constitute mental incapacity.† This is an error; for clearly, if the prodigality of a person is likely to involve a family in utter ruin, and that such prodigality evidently shows a disordered state of mind, the party should be de-

* Of this nature was the case of Atty v. Parnther, 3 Brown, 443, and on which Lord Thurlow gave a most luminous opinion.

† I have given a case of this nature in which a lady was placed in confinement from her prodigality, but I doubt much whether this restraint would have been sanctioned, had a writ *de lunatico inquirendo* been issued.

prived of the power of injuring others, and the axiom, "*Sic utere tuo ut alienum non lædas*," is applicable. In such cases a patient examination of the party will in general show that these acts of prodigality arise from delusions, which clearly prove an unsoundness of mind.*

416. In a legal point of view, the imbecile and the demented should not be considered as constituting different classes. We have only to decide upon the extent of the unsoundness of mind, and incapacity to conduct their affairs.

417. In this investigation we must carefully endeavour to ascertain if the judgment of the parties is sufficiently sound to be aware of their circumstances, the extent and nature of their property, their relative position in society, and all external perceptions and apprehensions, judging correctly on the objects of reflection submitted to them.

* In such difficult and uncertain investigations, it cannot be expected that the wisest laws can be definite, and Hoffbauer has justly observed that "all legislation ought to proceed on the ground that the objects to which it refers are well known and understood; but this knowledge failing, it is much better that the law should leave things undefined, than that it should define erroneously, and then introduce mistakes which would be perpetuated by its authority."

418. It is necessary in this investigation to distinguish the *stupid* from the *silly*. To the *silly* the most simple act of judgment is difficult, but the *stupid* may judge correctly on subjects to which his attention has been strongly applied, and as Hoffbauer justly observes, "occasionally come even more directly to a right conclusion than those who are possessed of superior intelligence." The stupid man, moreover, may be induced to change his opinion and correct his mistake, when some particular circumstances have led to its detection; whereas the silly man can scarcely rectify his error, being unable sufficiently to concentrate his attention on any particular subject; but the stupid man has not this defect, he views every subject on one side only, and is embarrassed by every complex idea.*

419. The exact limits of every stage of mental incapacity cannot be determined, and legal culpability can only be annulled when mental alienation is clearly and unequivocally demonstrable.

420. In many instances, monomania, in which

* For further distinctions on this most important subject, we must refer to Hoffbauer's works, an excellent epitome of which has been given by Dr. Pritchard in his invaluable treatise on insanity.

the patient indulges in the most absurd delusions, does not constitute insanity, as on all other points he may reason and act most correctly.* But when a monomaniac entertains a false notion of himself and others, and acts upon such delusions, fancying himself sent upon a divine mission, or possessing a monarch's power—such monomaniacs are dangerous to society, and although they may reason correctly on all other matters, are unfit subjects to remain at large, since their acts must be absolved from culpability,—for although derangement may be partial, yet the culpable act was committed under an illusion, and therefore constitutes the act of a *non compos* at the time.†

* The visionary Swedenborg, who was decidedly as mad as any of his followers, fulfilled the duties of his office in the most distinguished manner; and a doctor in laws who had taken it into his head that all the freemasons had entered into a league against him, yet held with high credit a chair in the university. Still on a question of religious doctrines, or on free masonry, neither of these monomaniacs' opinions could be considered valid. I know a Swedenborgian who is perfectly insane whenever any question regarding madness or religion is brought forward, yet on some points he argues correctly.

† It has been maintained by several legists, that a distinction should be established between the commission of a civil and a criminal act. This appears most unjust; for

421. During an evident and unequivocal lucid interval, an individual becomes as answerable for his conduct as if he had no deficiency of understanding; hence, the existence of a lucid interval becomes a subject of the utmost importance, both as regards the party and the public.

422. During an examination to ascertain a lucid interval, we must bear in mind that lunatics display much cunning in evading questions that might compromise them. It is, therefore, most urgent that such dissimulation be not confounded with a return of lucidity. Such an examination requires much experience on the part of medical practitioners.

423. In a legal point of view, wherever there is delusion there is insanity. Delusion exists when persons believe things to exist, which exist only in their own imagination. It is not sufficient to convince them of the non-existence of such things, to show that they are not insane; for such a conviction may be only a momentary return to reason, whence, in all probability, they will relapse when the evanescent conviction ceases.*

surely if the civil acts of an individual are to be annulled on the plea of unsoundness of mind, he must also be absolved from criminal culpability and punishability.

* On this point I am obliged to differ from the learned

424. Delusion may exist on one or two particular subjects; yet, if we closely examine the general conduct of such persons, their usual deportment, eccentricities, inconsistencies, and irritability, it will be found that these peculiar delusions arise from a more general disturbance of the intellectual faculties and perversities, both in feeling and in action.

425. If there does exist a moral insanity, or, in other words, a mental disorder unaccompanied by illusion or any lesion whatever of intellect, it cannot be sufficiently brought into evidence to exonerate an offender from legal responsibility. Eccentricity of habits and character may undoubtedly border on insane conduct, but cannot constitute a condition to become matter of legislation. If such eccentricities constitute mental disease, the patient comes under the category of other persons of insane mind, and must be dealt with according to the established laws in like cases.*

426. There are cases of homicidal madness on

Sir J. Nicholl, who maintained, in Dew *v.* Clarke and Clarke, that insanity is evident when no argument nor proof can convince the person that he is labouring under delusion.

* The report of the judgment in Dew v. Clarke and Clarke, is one of much practical importance. It was proved

record, in which, previous to the commission of the crime, no lesion of intellect had been discovered; but it will be found in these instances, that the unfortunate criminals experienced a homicidal propensity which they themselves declared was irresistible. These propensities frequently occurred at different periods and under various circumstances. To assert that no disorder of the

that the individual conducted himself and his affairs rationally, was a clever, sensible man, had amassed a considerable fortune by his profession, took good care of his property, and that several of his friends and acquaintances, some of them medical persons, never even suspected that he was deranged in mind. It was also stated that he was a man of irritable and violent temper, of great pride and conceit, very precise in all domestic arrangements, very impatient of contradiction, entertaining high notions of parental authority, rigid notions of the total and absolute depravity of human nature, of the necessity of sensible conversion, and of the expediency of confessing to other persons the most secret thoughts of the heart. But it was also found that this person having a daughter, "amiable in disposition, of superior talents, patient under affliction, dutiful and affectionate, modest and virtuous, moral and religious," was in the habit of tying her up to a bed-post, flogging her with unmerciful severity, aggravating her sufferings by the application of brine, flogging her repeatedly with a horsewhip, pulling her hair out by the roots, and compelling her to perform the meanest drudgery." Without hesitation, the judge declared him to be "*non compos mentis*."

intellect prevails in these melancholy instances of insanity, appears to be preposterous. It is true that reason cannot check the impulse; but whether the propensity arises from physical or from moral causes, it clearly constitutes insanity, and the individual should be secluded from society, until a proper treatment subdues this melancholy predisposition to crime. These acts do not constitute *temporary insanity*, but *partial insanity*, and arise from a peculiar mental delusion, which must exonerate the unfortunate lunatic from legal responsibility.*

* To guide us in this most important inquiry, Esquirol has laid down the following valuable rules.

1. Acts of homicide perpetrated or attempted by insane persons have generally been preceded by other striking peculiarities of action noted in the conduct of the same individuals; often by a total change of character.

2. The same individuals have been discovered in many instances to have attempted suicide, to have expressed a wish for death; sometimes they have begged to be executed as criminals.

3. These acts are without motives; they are in opposition to the known influences of all human motives. A man murders his wife and children, known to have been tenderly attached to them; a mother destroys her infant.

4. The subsequent conduct of the unfortunate individual is generally characteristic of his state. He seeks no escape or flight; delivers himself up to justice, acknowledges the crime laid to his charge, describes the state of mind which

427. A drunkard is no doubt responsible for the acts he commits when in a state of inebriety; yet there are cases, where an exemption from this responsibility may be urged, when drunkenness proceeds from an actual morbid condition, and constitutes an insurmountable propensity. There are even instances where an individual commits excesses at certain periods of the year; such a case may be considered a state of insanity, and the French legists distinguish voluntary from involuntary drunkenness.*

428. We must not conclude that insane persons are enjoying a lucid interval, when they appear to regret the commission of an offence, express their repentance, and supplicate for

led to its perpetration, or he remains stupified and overcome by a horrible consciousness of having been the agent in an atrocious deed.

5. The murderer has generally accomplices in vice and crime. There are assignable inducements which led to its commission,—motives of self-interest, of revenge, displaying wickedness premeditated. Premeditated are in some instances the acts of the madman; but his premeditation is peculiar and characteristic.

* According to the Article 64 of the French penal code, an accused person cannot be considered guilty of a crime, if it is proved that he was demented when the act was committed, or that he was impelled to its commission by an irresistible power.

forgiveness. Lunatics will constantly commit excesses during a paroxysm of violence, which they will afterwards deeply lament. In general, lunatics are aware of the mischief they commit, and when detected will persist in denying the charge with the utmost ingenuity and perseverance. In a legal point of view, such a consciousness of the nature of good and evil cannot be considered to constitute a sound state of mind.*

429. A homicidal propensity often prevails in the minds of persons otherwise of sound mind. This desire to shed the blood of those they hold most dear is irresistible, although they are aware of it at the time, and have been known to call for help to prevent them from committing such an unaccountable crime.†

* P. L., a young imbecile girl under my care, is constantly doing mischief, and kicking and pinching other patients. When punished by confinement, her cries are loud and piteous, and she solemnly promises not to do it any more. M. M., another imbecile young woman, can only be kept from doing mischief by constant labour; when at work she is in general quiet and good humoured; she also roars out violently when shut up, and promises never to offend again.

† Mare relates the case of a lady who, having heard of the assassination of a child, felt a temptation to destroy her own infant. She was mending a pen at the time, and experienced a desire to plunge the penknife into the child's

430. This is perhaps one of the most difficult points to resolve in medical jurisprudence. Most unquestionably, such an unnatural propensity is a proof of an unsound state of mind, and might perhaps justify the qualification of *temporary insanity*; but I consider it as a *partial insanity*, arising from a perversion of the mental faculties, since this homicidal propensity is *frequently* felt, and the act of homicide does not arise from any calculation or premeditation, which would constitute *wilful murder*, instead of an insane act: such would be the case if a parent killed a child because he could not maintain it, or even on the suspicion of its being the offspring of a criminal connexion.*

heart. She overcame the impulse, and carrying the instrument to her own throat, exclaimed? "Wretched woman, is it not better that thou thyself shouldst die?" Barbier reports the case of another mother, who was obliged to call in her neighbours to prevent her from murdering her child.

* Homicidal propensity is not unfrequently complicated with cannibalism. In such cases the unfortunate lunatic has been in general melancholy, and apparently absorbed in deep thought. There are cases on record in which a thirst for blood seemed instinctive. Gaubius relates the case of an Anthropophagic father and daughter. Procharka knew a woman in Milan, who enticed children to her home to devour them; a woman of the name of Salome Guir was tried at Strasbourg for eating her own child, which she

431. A crime committed under the influence of any passion, however violent the outbreak may be, cannot be considered as an insane act, unless the offender has evinced other signs of lunacy,* for in such cases there is no delusion. The desperate impulses of love, jealousy, hatred, and revenge, cannot be considered as morbid and irresistible propensities; they are or ought to be under the influence of our volition, and therefore become criminal.

432. The irresistible propensity to thieve, is a monomania which must exempt the offender from culpability; but it should appear evident that this predisposition is more or less constant. The same principle applies to incendiarism, a monomaniac propensity which is not uncommon.

433. As a crime committed during a lucid interval renders the offender responsible for the act, it is therefore most important to ascertain how

stewed with cabbage, a mess of which she offered to her husband. At the trial of Pappavoine, it was stated that Don Carlos d'Espagne had similar inclinations.

* Georget relates the case of Henry Fedtmann, who entertained an incestuous love for his daughter for seven or eight years, and, being disappointed in his unnatural passion, murdered her.

far the lucidity has been sufficient to render the party perfectly sensible of the nature of his guilt, as it is a matter of considerable doubt whether an insane person ever enjoys such a restoration to a sound state of mind as to expose him to culpability. Notwithstanding the apparent temporary restoration to reason, the pathological affection still exists, although with a modified intensity, but still with a tendency to a renewed paroxysm.* Thus will any provocation

* On this most important point of medical jurisprudence, Haslam is of opinion that lunatics "may at intervals become more tranquil, and less disposed to obtrude their distempered fancies into notice. For a time their minds may be less active, and the succession of their thoughts consequently more deliberate; they may endeavour to effect some desirable purpose, and artfully conceal their real opinions, but they have not abandoned nor renounced their distempered notions. It is as unnecessary to repeat that a few coherent sentences do not constitute the sanity of the intellects, as that the sounding of one or two notes of a keyed instrument could ascertain it to be in tune."

Lord Thurlow maintained that by a perfect interval he did not mean a cooler moment, an abatement of pain or violence, or of a higher state of torture—a mind relieved from excessive pressure,—but an interval in which the mind, having thrown off the disease, had recovered its general habit. *Vide* Parnther, 3 Brown. Chan. Cases, 234. Lord Thurlow

or irritation produce a relapse, perhaps of a momentary nature, but sufficient to impel a man

further urged, that "the evidence in support of the allegation of a lucid interval, after derangemant at any period has been established, should be as strong a demonstration of such facts, as when the object of the proofs was to establish derangement."

This luminous and just view of the subject was, however, opposed by Lord Eldon, in the following reply: "I have seen you exercising the duties of Lord Chancellor with ample sufficiency of mind and understanding, and with the greatest ability. Now, if Providence should afflict you with a fever, which should have the effect of taking away that sanity of mind for a considerable time, (for it does not signify whether it is the disease insanity, or a fever, that makes you insane,) would any one say that it required such very strong evidence to show that your mind was restored to the power of performing such an act as making a will?" Now, with all respect to Lord Eldon, nothing could be more questionable than this objection. There is a manifold and wide difference between the delirium of a fever and insanity; delirium is but a casual symptom of the fever, and the treatment that cures the disease effectually, secures the patient from a return of an accident which was but symptomatic of the main disorder. It may be urged that incoherence is a symptom of insanity; but a man may appear coherent although mad,—such a delirious state may cease although the fever still prevails,—but delusion is the constant attendant on insanity, whereas delirium is only an occasional and accidental symptom. Dr. Ray has ad-

to the commission of a criminal act under a state of mental aberration, which should exonerate him from responsibility.

434. Mental aberration cannot always be considered as a sufficient ground for interdiction. It must be unequivocally proved that the lunatic is totally unfit to manage his affairs, and that his partial derangement has actually involved his notions of property.

435. When conflicting interests are involved in the disposition of property, and interdiction may be desired by some of the parties concerned, to decide upon its expediency is a question of the utmost importance, and will require the most patient and discriminating investigation, not only as regards the lunatic, but the relatives around him. We are not to form a judgment from little

mirably expressed himself on this question. "Recovery from an attack of fever is a phenomenon that any one can see, but not such is recovery from an attack of mania; because, though the insane delusions or conduct by which it was manifested may disappear, it remains to be determined in every case, whether they are not purposely concealed from observation, or proper opportunity has been offered to the patient to bring them forward. Just as the existence of mania requires stronger proof than that of the delirium of fever, so does recovery from the former require stronger proof than recovery from the latter."

peculiarities or the general deportment of the individual, but to draw our inferences from his probable future conduct. We must ascertain whether he has been guilty of any act of extravagance, and shows a reckless indifference to his interests and those of his family, by squandering his property on worthless persons or profligate associates, to the manifold prejudice of his welfare.*

* Much difficulty has arisen in these cases, from legal definitions, which consider an individual who can "talk and discourse rationally and sensibly, and who is fully capable of any rational act requiring thought, judgment, and reflection, as being gifted with "perfect capacity." Many such persons may be found who are utterly unfit to manage their own affairs. This incapacity, however, must not be grounded upon false and speculative notions, but upon the manifestations of evident delusions, and extravagant if not incoherent views. For instance, a man may evince much judgment and reflection in general conversation, but would talk of building a church or a palace—another individual may entertain a most correct idea of the nature of his property, and yet express an intention of bestowing it upon some unworthy favourite, or perhaps an utter stranger. Ray has justly observed, "that the general strength of mind is but an uncertain index of its ability, when exercised on particular subjects." According to the French code, nothing less than *habitual* insanity can warrant interdiction. We, however, frequently see persons insane on many points, and who are capable not only of conducting their affairs with prudence, but who display considerable ability in their management

436. Delusions as to the disposal of property cannot always be considered as proofs of insanity sufficient to authorise an interdiction. Speculations, apparently the most absurd, may be much more sagacious than one might imagine. A merchant was considered insane on his sending a consignment of skates to the West Indies; yet as he intended to reship them for North America, where they realised a considerable profit, he showed more judgment than those who condemned his venture.

437. It would be desirable that our laws, in regard to interdiction, made a provision similar to one in the French code, by which it is stated, that "in rejecting a demand for interdiction, the court might, if circumstances required it, debar the defendant from appearing in suits, making contracts, borrowing, receiving payment for debts or giving a discharge, alienating or pledging his property, without the aid of a council which should be appointed in the same judgment. Code Civil, Art. 499.

438. In confining the insane, we must bear three objects in view:

of property; and there are instances on record where the very persons who were seeking to confine a relative, have consulted him on the proper arrangement of his affairs.

i. The patient's safety and restoration to health;

ii. Their comfort and well-being, whether curable or not;

iii. The security of society.

439. The violence of manner of an individual, although it may be stated as destroying the peace and comfort of his family, should be considered as a very doubtful proof of insanity. In such cases, it is no easy matter to detect the irritation to which he is exposed, by those whose interest it may be to confine him; and in our decisions we should be less influenced by the evidence of relatives, than by our own careful examination, in depriving a fellow-creature of freedom and happiness.

# BOOK FOURTH.

## ON PUBLIC AND PRIVATE LUNATIC ASYLUMS.

440. All Lunatic Asylums, whether public or private, should be placed under the immediate care of government.

441. They should be under the control of inspectors, metropolitan and provincial.

442. A metropolitan board should be formed of inspectors, a proportion of whom should be, medical men, to be placed in communication with the provincial ones.

443. Inspectors should be named for every circuit, not less than four in number, and two of them to be medical men.

444. The metropolitan and provincial inspectors should have the power of visiting all public and private establishments as frequently as they may think proper, and carefully examin-

ing the patients, and ascertaining the mode of treatment adopted.

445. Regular reports, at stated periods, should be transmitted to the Secretary of State for the Home Department, to be laid before parliament in duplicate forms. And the commissioners should be held responsible for the proper management of all such establishments, and of the necessity of the seclusion of their inmates.

446. No patient should be sent to a public or private institution until the case had been submitted to the inspectors, with proper medical certificates, and the confinement of the lunatic sanctioned by them as indispensable.

447. The inspectors should also have the power of discharging those persons whose further confinement they might consider improper.

448. In every public and private lunatic establishment, a register and case-book should be kept, in which should be noted the name and age of each patient, with a statement of the nature of the disease; a duplicate of these registers to be in the hands of the inspectors; and all admissions, deaths, and discharges, should be reported to them every month.

449. Every public asylum should have an infirmary, to which all the sick should be removed,

and the journal of the cases, to be regularly kept by the medical officer, who should also register the *post mortem* appearances.

450. A coroner's inquest should be held on all lunatics who die *out of the infirmary.*

451. All appointments of officers to public asylums should be made by the government, on *the recommendation* of the inspectors, and their removal or dismissal should only take place on a similar *recommendation.*

452. No one but medical men should be allowed to keep a private asylum, in which they will be expected to reside.* For if there does

* The reason why cures are more frequent in public than in private institutions is obvious. In the one it is the interest of the physician to discharge as many patients as he can, whereas in the other speculative establishment, it is the interest of the *keeper* to keep as many inmates as he possibly can. A medical man has a professional character to maintain, a madhouse keeper has only to maintain himself or herself. The end of all lunatic receptacles should be the recovery, and not the confinement, of the insane, and, according to the present system, the latter object must too frequently be considered the only one in view. We have lately seen a madhouse keeper affirm, that the exhibition of medicine in madness is useless, and that the care of the insane should not be committed to medical men. Nay, a prelate has been known to suggest the propriety of lunatic asylums being under the superintendence of the clergy! "There is nothing like leather," and we find a pharmaco-

exist a malady which requires incessant care and observation more than another, it is most unquestionably insanity; when both the moral and the therapeutic treatment must be dictated by studying the nature of the case.

453. An annual report should be made by the inspectors of lunacy, presenting to parliament a statistic view of insanity. This report to be drawn out by the metropolitan board, who will embody the several reports transmitted to them by the county commissioners. All public asylums should be placed under the superintendence of a resident physician, who will direct the moral and medical treatment, and be responsible for the medical management of the institution to the inspectors.*

polist maintaining that apothecaries are more fit to attend lunatics than physicians!! As the law now stands, any person can keep *one* lunatic in confinement, without being licensed. This is a glaring evil. There are many families in exiguous circumstances who derive their chief means of support from this permission, and whose dwellings are frequently unfit for the purpose. When the family go out, the unfortunate captive is left to the care of some ruffian keeper, who locks him up, (most probably in a strait waistcoat,) when he thinks proper to repair to the neighbouring pothouse. This practice is pregnant with misery, and leads to the most atrocious speculations.

* In the choice of a medical superintendent, great dis-

454. The superintendent should have the recommendation of all his subordinate officers, and

crimination and judgment is required. It should not be indispensable that he possess a degree of Doctor of Medicine of any particular university, as a well qualified surgeon may be more fit for the situation. Dr. Brown has admirably stated what these qualifications should be. "They must comprehend a familiarity with the true and practical philosophy of the human mind, in order that the disease may be understood and controlled; as general acquaintance as is practicable with the usages and workings of society, with the habits, the pursuits, and the opinions and prejudices of different classes, with literature and science, so far as they contribute to the instruction, happiness, or amusement of these classes—with everything, in short, which is or can be rendered influential, in what may be called adult education, in the management or modification of character, in order that as great a number of moral means of cure, of restraining, persuading, engaging, teaching the darkened and disordered mind, may be created as possible; and finally, as liberal a professional education as long preliminary study, and equally long practical observation, can accomplish, in order that the causes of alienation, the physiological condition by which its duration and intensity may be increased or diminished. To acquire and apply this amount of knowledge or discrimination, it is not only necessary that he who devotes himself to the care of the insane should see his patients, as has been recommended, once or twice a week; he must live among them; he must be their domestic associate; he ought to join in their pursuits and pastimes; he ought to engage them in converse during the day, and listen to their soliloquies in the retire-

the power of dismissing them for misconduct, on reporting his causes of complaint to the inspectors.

455. The matron, keepers, and nurses, should also be appointed by the medical superintendent.

456. The superintendent should have no financial duties or responsibilities; the economy of the institution should be confided to a steward, under whose direction will be placed the necessary subordinates. The nomination of the steward should rest with the justices of the peace of the county, as it will be their duty to watch over a proper expenditure of the established rates. But while the magistrates are careful of the public revenue, they will not possess any authority to interfere in the treatment of the patients, who are placed under the responsibility of the inspectors.

457. The magistrates will, however, be fully authorised to submit to the board of inspectors any suggestion that they may deem advisable for the welfare of the institution.*

ment of their cells; he must watch, analyse, grapple with insanity among the insane, and seek for his weapons of aggression in the constitution and disposition of each individual, and not in general rules or universal specifics."

* With the very best motives, it is not probable that a

458. The steward will be responsible to the magistracy for the financial department, and render them his accounts in a series of books, which will enable them to check the expenditure with facility.

459. The steward will receive from the medical superintendent all orders regarding diet, clothing, heating, &c.; in short, in every duty

committee of visiting justices can manage a lunatic asylum. The members of these committees go out by rotation, and it cannot be expected that country gentlemen, however well they may be learned in Burn's Justice, can possess the requisite knowledge to direct the management of a number of lunatics. Even laying aside the Moloch of patronage, they will entertain individual views on the subject, most likely erroneous, since they will be purely theoretical, and will counteract the exertions, not only of their predecessors, but of their colleagues; if there is a possibility of a system of jobbing and favouritism in patronage being adopted, such an evil should be guarded against by every possible legislative provision; and common sense will justify the conclusion, that proper commissioners, qualified in every respect for the duty, will be more likely to guide such a complex establishment with regularity and judgment, than persons who have not the slightest knowledge of the matter. Discord and party spirit will more probably reign amongst the magistrates of a county than amongst inspectors, whose duties should be clearly pointed out by the legislature, and who are responsible to government, whereas the magistrates too frequently consider themselves as only being responsible to their own bench.

connected with the management of the patients: the superintendent will also point out to him the repairs which from time to time may be wanted, after the necessity for such repairs has been confirmed by the inspectors, and subsequently submitted to the magistrates, to supply the means required from the county rates.

460. The matron of a lunatic asylum should be under the immediate orders of the medical superintendent, and be merely considered as at the head of the nurses and the female branch of the establishment. It is her duty to see that the nurses perform theirs; to superintend the workwomen, and the labouring female patients—the proper distribution of their meals and tasks—their personal cleanliness and comfort.*

461. The rules and regulations for the manage-

* Nothing can be more preposterous than the attempt to place a *lady* in this capacity. A matron should not conceive herself above any work or duty connected with the well-being of the patients, and it is scarcely possible to expect that any female gently born or bred could accept a situation in which her ears are constantly assailed by obscene language, or her eyes disgusted by the unblushing acts of many of these unfortunates, who have lost sight of all conventional decency. A good matron might be more easily found amongst experienced nurses, than in *pauper would-be ladies.*

ment of all lunatic asylums should be drawn out by the inspectors.

462. Whenever a public lunatic asylum is to be constructed, the plans should be submitted to a committee jointly formed of justices and inspectors, who will decide upon the most eligible proposal, both as regards site and building; the approved plan of the premises to be submitted to the metropolitan board of commissioners for any suggestions they might think desirable. It is impossible to be too circumspect in such expenditures, as erroneous and vicious constructions are generally discovered when the building is completed, and the public monies have been lavishly expended.

463. The metropolitan inspectors should also visit all the public and private institutions in the kingdom, and make out a quarterly report of their inspection.*

* The importance of such inspections for the protection of lunatics is so urgent, that I feel confident the public would never object to the expenses which would be incurred by such appointments. We have inspectors of prisons, whose active inquiries have already been attended with the most beneficial results; why should not unfortunate creatures, who cannot complain, and whose complaints are rarely attended to, be entitled to a similar protection? Let those who might murmur at the expense, recollect that Providence may afflict them with a similar

464. The duties of these inspectors would be:

i. To ascertain that every individual confined is a fit subject for seclusion.

ii. That their moral and medical treatment is properly conducted.

iii. That the diet and clothing are properly regulated, and that they are provided both with summer and winter raiment.

iv. That the officers and subordinates of the establishment perform their duties with diligence and humanity. *

v. That the registers and case-books are regularly kept.

vi. By attending carefully to the complaints of the patients, however frivolous they may appear, to ascertain whether their complaints may not be founded upon real grievances.

visitation, and reflect on all the crimes that have been perpetrated in madhouses! and which (although checked by legislative interference) still exhibit scenes of abuse of power and capricious tyranny, but too frequently abetting sinister projects, of which a poor demented, unprotected object is the victim!! The good that would result from such a system of inspection, and its consequent responsibility, is incalculable.

* Dr. Conolly, in his very interesting work on insanity, is of opinion that not only every lunatic asylum should be the property of the government, but that all the officers and keepers should be appointed by the Secretary of State.

465. Due notice of the visits of the inspectors should be given to the public, that the relatives and friends of lunatics who are confined may have an opportunity of seeing them, and conferring with them on the state of the patient, and their ability to provide for them out of an asylum.

466. The present law, which allows the relations of a pauper lunatic to take him out of an asylum, on his satisfying the parish officers that they are able to keep him with comfort and safety, occasions much mischief. The family of a lunatic who is constantly soliciting for his discharge, and complaining of his miserable condition, will naturally wish to bring him home; while, on the other hand, the parish officers will naturally wish to diminish the burthen the parish has to bear: the consequence is obvious,—the family of the lunatic endeavour to deceive the guardians and overseers, and these officers do not exert themselves to ascertain their actual means of supporting a lunatic, who, not being in safe custody, may injure himself and others.*

* I dismissed a patient at the request of his friends, people in comfortable business, the parish officers having expressed themselves satisfied as to their means of providing for him. He twice ran away from home, and attempted to drown himself, and at last chopped off his penis

467. It is evident that the well-being of lunatics confined in a public asylum must in a great measure depend upon the conduct of keepers and nurses. It is essential, not only that the utmost discrimination may be used in the selection of such servants, but that their salary and comforts be such as to render their situation desirable. Keepers should therefore be distributed into three classes, in which they will progressively rise according to their behaviour, and it would be desirable that after a certain period they might retire upon some provision for their latter days.

468. The keepers would not only be promoted to the superior classes and rates of salary in the estalishment to which they belong, but removed to other institutions, where their services might be required, while they might occasionally be placed in private asylums. By the adoption of this system, a school for their instruction would be established.*

with a hatchet; and was brought back in a most wretched state.

* The great difficulty in procuring proper keepers arises from many and obvious circumstances; men, and women more particularly, are prone to abuses of any power vested in their hands, when they cease to be under the immediate eye of their superiors; when they will

469. In many asylums the keepers take their meals with the patients;—this should not be; they should sit down to their meals with every possible comfort; one half of them remaining in the wards, while the others are absent, to relieve them when the meal is over.

indulge in vindictive acts of oppression, forgetting that the unfortunate beings by whom they have been insulted, and probably maltreated, are deprived of their reason; it is difficult to persuade persons thus exposed to constant aggravation, even in higher grades of society, that the lunatic is not a cunning mischievous creature, who ought to be punished to teach him "better manners."

## BOOK V.

### ON THE CONSTRUCTION AND DISTRIBUTION OF PUBLIC ASYLUMS.

470. The plans on which the present asylums are built are, in general, on a most erronous principle, and more calculated to impede than to accelerate the cure of lunatics. Both in their external appearance and internal distribution and arrangement, they mostly resemble jails or barracks, and it would appear that the architects who built them, and the parties that adopted their plans, were totally ignorant of the nature of lunacy and its management.

471. With long galleries corresponding with each other, it is impossible that a proper classification can be attempted. Each class of lunatics should be separated in detached buildings, and, for the convenience of the service, they should only communicate by passages in the basements, through which the heating pipes could be also carried.

Hot water should be invariably preferred to hot air, both as being more economical and more salubrious, and at the same time the heating apparatus is less liable to get out of repair.

472. To each of these buildings should be attached a garden, laid out in as picturesque a manner as possible, and their walls of separation masked with trees and shrubs, with seats in the shade.

473. To each ward should be attached a day-room giving on the garden.

474. The window frames of all asylums should be constructed of iron work in the cottage form; prison rails and bars should be invariably condemned. For the safety of the glazing, a wire guard should protect every window at a sufficient distance to prevent the patients from breaking it, in such wards where any lunatics likely to commit mischief are placed.

475. Each ward should have a self-acting privy, and a comfortable keeper's room, and each building, a bath.

476. The cells in the incurable and refractory wards should be of sufficient capacity, well ventilated, and at the same time kept at the same temperature as the gallery running between them.*

* In most asylums the cells are miserably cold when com-

The doors of the cells should be made to open outside, as otherwise the patients may barricade themselves in with their bedsteads. A small opening, closing with a slide, should be practised in every cell door, that the patient's conduct may be watched and observed.

477. The bedstead should be made of cast-iron, with a slope for the free course of water when they are washed, and one or two openings in the bottom for the dripping of urine. The bedsteads of the refractory should be of a massive description, to prevent them being easily moved about by the patients, and on each side of the bed should be slides for passing straps and buckles to keep down the bedding and enforce

pared with the galleries and day room, a grievous inconvenience. I feel much pleasure in quoting Dr. Brown's remark on this important subject. "If it be desirable that the lunatic should enjoy a quiet and refreshing sleep, it is indispensable that his breathing be not disturbed by foul confined air, or by the effluvia which is concentrated, as it were, in small ill-ventilated cells; and putting out of view the classification which ought to obtain in the daily pursuits and pleasures of the inmates, there exists urgent reasons for building a retreat for the insane in such a manner as to allow an extensive system of night classification to be put in operation." The insane should always sleep single. It is scarcely credible that at Hanwell a considerable number of female lunatics sleep in double beds ! ! !

quiet. To the bedsteads of epileptic patients should be fixed a strap and buckle, to secure one of their hands during the night—a precaution highly necessary, as these unfortunates will not unfrequently turn upon their faces, and be smothered.*

478. The floor of the wards destined for the refractory and dirty may be flagged, but the other wards should be boarded. The flags should be cemented with mastic, to prevent the absorption of water when they are washed. The planked floor should be rarely washed, but kept clean by a heavy scrubbing brush and clamp.

479. Although whitewashing the walls of the cells may be found inconvenient from the dust it creates, yet it will be found the only effectual means of keeping them sweet in the wards containing dirty patients, and which will often require the use of the chlorate of lime.†

* Epileptic patients are themselves so well aware of the necessity of this precautionary measure, that they will often request the keeper to confine one of their hands at bed-time. Epileptics, as I have already observed, should always be lodged on the ground floor, and should also wear a padded cap or turban, which will protect the head in their sudden falls.

† T[illegible] [illegible]tients the French have given the very appropriate name [illegible] *gâteux*," or "*spoilers*."

480. Every asylum should have wards for the reception of recent cases, where they will be kept until the nature of their mental disease is sufficiently ascertained to classify them.

481. Every lunatic asylum should have extensive grounds for gardens, arable land and pasture, on which such patients who are not acquainted with any trade may follow agricultural and horticultural occupations. Sufficient vegetables should be cultivated for the consumption of the establishment, more especially potatoes, and mangel wurzel for the cattle.

482. The kitchen should be constructed in the rear of the centre of the institution, from whence the patients' food should be carried to each division, to be cut up and distributed in a room appropriated to this important service.

483. The bakehouse, brewhouse, gashouse, and storehouses, should be in the rear of the establishment. The washhouse, laundry, and airing-houses, in the rear of the male and female wings.

384. The male and female infirmaries should be near the house of the medical superintendent and house-surgeon, but totally detached from the other buildings.

485. Every asylum should have, in addition to

a well-ventilated dead-house, a dissecting-room, with a space for a small museum for anatomical preparations, casts, &c. &c.

486. An icehouse is indispensable in every asylum, as affording one of the most valuable means of relieving brainular excitement.

487. The dairy should be near the cowhouse.

488. Workshops should be established for the several trades, in which not only operatives belonging to them are to be engaged, but various trades taught to many patients who were not brought up to any mechanical profession.* These workshops should be safely enclosed, that other patients may not enter them to possess themselves of tools or implements which might be dangerous in their hands.

489. The grounds of an asylum should be surrounded with walls sufficiently high to prevent escape. The possibility of effecting an escape

* It is the occupation of the patients, more than any pecuniary advantage that may be reaped from their labour, which should be the subject of consideration. The labour of lunatics should be looked upon as a remedial agent, and not as a speculative employment of their time, although I feel fully convinced that if their occupations are properly directed, a considerable saving in the expenditure of an asylum will accrue, when the greater part of the in-door and out-door work of the institution would be performed by its inmates.

is a constant source of excitement to the patients who are contemplating the means of getting out.*

490. Every asylum should have a male and female reception-room, in which the dress of the establishment shall be put on, after the patient has been properly washed, and, if necessary, the hair cut.†

491. Asylums should have a servants' hall, in which the keepers and nurses should take their meals.

492. All the duties of an asylum should be announced by different calls of the bell, a system

* In the County of Middlesex Lunatic Asylum at Hanwell, any old woman could climb over the enclosing paling. In consequence of this shameful act of neglect, escapes are frequent, and are not only attended with considerable expense in bringing back the runaways, but draw the keepers from their other duties, while the facility of getting away keeps up a constant excitement amongst those patients who plan an escape.

† The hair of young female patients should not be cut off, unless their abrasion be absolutely necessary; it is to many of them a source of pride, which should be respected. Matrons and old nurses always seem most anxious to deprive these poor creatures of any attractions that they themselves may not possess. The hair of a patient should never be cut off except by the order of the superintendent physician.

which will be productive of muchregularity and discipline.

493. During the night the clock should not strike. The striking of the hours aggravates the sufferings of the melancholy, who count them with miserable solicitude until break of day.

494. Every asylum should be provided with a small library, from which the medical officers can distribute such books as they may deem fit for the particular patients to whom they are given for perusal. An indiscriminate circulation of religious tracts and newspapers is frequently attended with much mischief, and tends to keep up a constant excitement.

495. The staircases leading to the wards should be so constructed as not to need cages for the protection and safety of the patients. Spiral or winding stairs should in no instance be built.

496. The male and female visiting rooms should be spacious and airy, and constructed on a plan that would allow the medical superintendent to hear the conversation that passes between the patients and their visiters, should he conceive it necessary. Much valuable information regarding the causes of insanity may be obtained by this measure, which of course should only be resorted to on particular occasions.

* It is with a similar view that the letters of the pa-

497. The visiters of patients should receive tickets of admission from the medical superintendant, as in many instances the relations and friends of the insane should not be allowed to see them.

498. A bazaar may be established in every asylum for the sale of various articles worked by the female inmates; but it is not advisable that every patient able to work should be constantly exposed to the annoyance of troublesome and inquisitive visiters, who may aggravate their mental derangement by idle questions.

499. In the day-room of the convalescents, various means of amusing them should be collected, and a regular dinner served, at which it would be desirable, that the medical superintendent frequently presided, and in the evening music and dancing might be often introduced.

500. In the selection of a site for lunatic asylums, care must be taken that it is at a convenient distance from cities and towns, and in as picturesque a situation as can be procured. The mind of the insane should rest, if possible, upon

tients are submitted to the inspection of the medical attendant before they are forwarded. The greater part of these letters are of such an incoherent nature, that it would be more than absurd to expose the relatives of these unfortunates to the charge of postage.

the calm beauties of the creation, and not be recalled to its deformities by the constant din of the busy haunts of man.*

501. When criminal lunatics are confined in lunatic asylums by order of the state, they should be placed in a separate building, where their security can be enforced, without presenting a painful scene to the other inmates of the institution.†

502. It cannot be too forcibly impressed on the mind of those persons who are charged with the establishment of public lunatic asylums, that the *greatest economy will be ulti-*

* The excitement produced amongst the inmates of the Hanwell County Asylum when the Great Western Railroad was first opened, and they beheld the constant trains passing by, and heard the monitory whistle, which resembles tho howling of a wild beast, is incredible. The effect produced by a knowledge of passing events will also frequently occasion much irritation. On the coronation of her present Majesty, I allowed an issue of roast beef and plum pudding, and the excitement was such, that I was unable to leave the establishment for three days. Several of my poor patients fancied themselves in love with the Queen. Nothing can be more absurd than building lunatic establishments in the centre or the busy suburbs of a town. Such a situation, moreover, will increase the number of visitors.

† It is obvious that a murderer kept in irons must be an unwelcome companion in the exercise grounds of other patients. Yet such a scene I have often witnessed.

*mately attained in the prompt recovery of the insane.*

503. By the adoption of the preceding suggestions, a uniform system of management would be established in every public and private lunatic asylum in the kingdom, and the manifold evils which now exist, be brought to light and corrected. The strictest penal enactments should oblige the medical superintendents and keepers of these establishments to assist the inspectors in the execution of their arduous duties; and any false return of the patients, or attempt to conceal them on the inspectorial visits, be considered a criminal offence; while any endeavour to withhold from their knowledge the means of restraint made use of, should be also severely punished.

THE END.

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